

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 347

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Jepsen 2010</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	<b>Kathleen</b>	<b>J</b>	<b>Kowalyshyn</b>			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
<b>28 Forster St</b>		<b>Hartford</b>		<b>CT</b>	<b>06106</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Attorney General</b>				
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	<b>George</b>	<b>C.</b>	<b>Jepsen</b>			
9. TYPE OF REPORT						
<b>Itemized Statement accompanying application for Public Grant - Amendment</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>05/10/2010                      thru                      07/11/2010</b>						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Kathleen Kowalyshyn</b>		<b>07/15/2010</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Jepsen 2010</b>		
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$76,871.00</b>	<b>\$76,871.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$7,550.00</b>	<b>\$7,550.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$100.00</b>	<b>\$100.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$84,521.00</b>	<b>\$84,521.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$84,521.00</b>	<b>\$84,521.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$49,278.93</b>	<b>\$49,278.93</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$35,242.07</b>	<b>\$35,242.07</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$3,750.00</b>	<b>\$3,750.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$313.19</b>	<b>\$313.19</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$315.86</b>	<b>\$315.86</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

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

(See instructions for definition of Small Contributor)

**Subtotal Section A****\$0.00****B. Itemized Contributions from Individuals**

Last Name Blum	First Name Irving	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 # 0136	Amount of Contribution
Residential Street Address 54 W North St Apt 416	City Stamford	State CT	Zip Code 06902	Date Received 05/18/2010		
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 \$25.00		
				\$25.00		
Last Name Coombs	First Name Joseph F.	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 # 0138	Amount of Contribution
Residential Street Address 8 Cedar St	City Wethersfield	State CT	Zip Code 06109-1406	Date Received 05/19/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input 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 \$50.00		
				\$50.00		
Last Name Zagaja	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 # 0140	Amount of Contribution
Residential Street Address 12 Cornish Rd	City Wethersfield	State CT	Zip Code 06109-1415	Date Received 05/19/2010		
Principal Occupation Student	Name of Employer UCONN Law School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 \$10.00		
				\$10.00		
Last Name Adil	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 # 0148	Amount of Contribution
Residential Street Address 944 Ridge Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 05/19/2010		
Principal Occupation Investment Advisor	Name of Employer CM Smith	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 \$50.00		
				\$50.00		

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### B. Itemized Contributions from Individuals

Last Name Rodriguez		First Name Raul		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 # 0151	Amount of Contribution
Residential Street Address 175 Beverly Rd			City Wethersfield		State CT	Zip Code 06109		Date Received 05/19/2010
Principal Occupation Attorney			Name of Employer Attorney General's Office			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05192010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Grady		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 # 0139	Amount of Contribution  \$20.00
Residential Street Address 25 Westlook Rd		City Wethersfield		State CT	Zip Code 06109	Date Received 05/19/2010		
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05192010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		

Last Name Mclean		First Name Gloria		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0143		Amount of Contribution
Residential Street Address 38 Midwell Rd			City Wethersfield		State CT	Zip Code 06109		Date Received 05/19/2010			
Principal Occupation Teacher			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05192010a</u> <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$25.00		

Last Name Roberts		First Name Geraldine		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0146		Amount of Contribution	
Residential Street Address 64 Old Post Rd			City Wethersfield		State CT	Zip Code 06109		Date Received 05/19/2010				
Principal Occupation Attorney			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05192010a</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$25.00				

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name Klett	First Name Maureen	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 # 0147	Amount of Contribution
Residential Street Address 104 Harold Dr	City Newington	State CT	Zip Code 06111-4220	Date Received 05/19/2010		
Principal Occupation Supervising Nurse Consultant	Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05192010a</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 Shields	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 # 0150	Amount of Contribution
Residential Street Address 56 Wilson Ave	City Newington	State CT	Zip Code 06111	Date Received 05/19/2010		
Principal Occupation Senate Clerks Office	Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05192010a</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 \$35.00		
\$35.00						
Last Name Forrest	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 # 0142	Amount of Contribution
Residential Street Address 25 Spring St	City Wethersfield	State CT	Zip Code 06109-3422	Date Received 05/19/2010		
Principal Occupation Attorney	Name of Employer Forrest Law		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05192010a</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 \$25.00		
\$25.00						
Last Name Brown	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 # 0137	Amount of Contribution
Residential Street Address 9 Ellsworth Rd	City West Hartford	State CT	Zip Code 06107	Date Received 05/19/2010		
Principal Occupation Physician	Name of Employer Hospital Central CT		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 \$50.00		
\$50.00						

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>LeBel</b>	First Name <b>Lawrence</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0144</b>	Amount of Contribution          <b>\$5.00</b>
Residential Street Address <b>40 Woodsedge Dr</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>	Date Received <b>05/19/2010</b>		
Principal Occupation <b>Assistant Assessor</b>	Name of Employer <b>Town of Manchester</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05192010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$5.00</b>		
Last Name <b>Homicki</b>	First Name <b>Charles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0145</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>111 Filley Rd</b>	City <b>Haddam</b>	State <b>CT</b>	Zip Code <b>06438</b>	Date Received <b>05/19/2010</b>		
Principal Occupation <b>Insurance</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05192010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>McKenna</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0149</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>100 Grist Mill Rd</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109-3649</b>	Date Received <b>05/19/2010</b>		
Principal Occupation <b>Assistant Attorney General</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05192010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Oblak</b>	First Name <b>Darlene</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0141</b>	Amount of Contribution          <b>\$75.00</b>
Residential Street Address <b>60 Farms Village Rd</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109-1422</b>	Date Received <b>05/19/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05192010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$75.00</b>		



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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Tamm</b>	First Name <b>Samarpana</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0160</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>5 Chinmoy Ave</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-6809</b>	Date Received <b>05/20/2010</b>		
Principal Occupation <b>Librarian</b>	Name of Employer <b>Darian Library</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Krevolin</b>	First Name <b>Andrew</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0164</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>53 Ferncliff Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>05/20/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Krevolin &amp; Roth</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>05202010a</b>				
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 <b>\$100.00</b>		
Last Name <b>Krumeich</b>	First Name <b>Elizabeth</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0159</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>16 Perryridge Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-4608</b>	Date Received <b>05/20/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>GlobeOp Financial Services</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Vecchiolla</b>	First Name <b>Sharon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0157</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>193 Byram Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830</b>	Date Received <b>05/20/2010</b>		
Principal Occupation <b>Democratic Registrar of Voters</b>	Name of Employer <b>Town of Greenwich</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		





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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Louden</b>	First Name <b>Bruce</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0163</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>37 Gin Still Ln</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>05/20/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Louden Legal Group</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05202010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Cooney</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0165</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>27 Carnoustie Cir</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>05/21/2010</b>		
Principal Occupation <b>Trial Lawyer</b>	Name of Employer <b>RisCassi &amp; Davis</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05202010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Wade</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0181</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>280 Trumbull St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06103</b>	Date Received <b>05/21/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Robinson &amp; Cole</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05202010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Fish</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0171</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>45 Cheyenne Ct</b>	City <b>Marlborough</b>	State <b>CT</b>	Zip Code <b>06447</b>	Date Received <b>05/21/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Hinckley Allen</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05202010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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

Last Name Eddy	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 # 0174	Amount of Contribution
Residential Street Address 43 W Hill Dr	City West Hartford	State CT	Zip Code 06119	Date Received 05/21/2010		
Principal Occupation Attorney	Name of Employer Travelers		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05202010a</u> <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 Daniels	First Name Eric	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 # 0168	Amount of Contribution
Residential Street Address 112 Quail Run	City Glastonbury	State CT	Zip Code 06033	Date Received 05/21/2010		
Principal Occupation Attorney	Name of Employer Robinson & Cole		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05202010a</u> <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 Tobin	First Name Rhonda	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 # 0169	Amount of Contribution
Residential Street Address 4 Anja Dr	City Simsbury	State CT	Zip Code 06070	Date Received 05/21/2010		
Principal Occupation Attorney	Name of Employer Robinson & Cole		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05202010a</u> <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 Dailey	First Name Anne	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 # 0166	Amount of Contribution
Residential Street Address 225 Lawrence St	City New Haven	State CT	Zip Code 06511	Date Received 05/21/2010		
Principal Occupation Law Professor	Name of Employer UCONN Law School		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05202010a</u> <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
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### B. Itemized Contributions from Individuals

Last Name Dvorin		First Name Lawrence		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 # 0175	Amount of Contribution
Residential Street Address 18 Kingsbridge			City Avon		State CT	Zip Code 06001	Date Received 05/21/2010	
Principal Occupation Attorney			Name of Employer Ford & Paulekas, LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05202010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Ford	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 # 0176	Amount of Contribution
Residential Street Address 544 Weir St	City Glastonbury	State CT	Zip Code 06033	Date Received 05/21/2010	
Principal Occupation Attorney	Name of Employer Ford & Paulekas, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05202010a</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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Aggregate Contributions \$100.00	\$100.00	

Last Name Wyld		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 # 0177	Amount of Contribution
Residential Street Address 8 Westledge Rd		City West Simsbury		State CT	Zip Code 06092		Date Received 05/21/2010	
Principal Occupation Attorney		Name of Employer Shipman & Goodwin, LLP			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05202010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Murphy		First Name Michelle		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 # 0178	Amount of Contribution       \$100.00
Residential Street Address 179 Steele Rd		City West Hartford		State CT	Zip Code 06119	Date Received 05/21/2010		
Principal Occupation Director of Communications		Name of Employer Northwest Catholic High School			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05202010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Seeley</b>	First Name <b>Hope</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0234</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>1909 Asylum Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-3061</b>	Date Received <b>05/21/2010</b>			
Principal Occupation <b>attorney</b>	Name of Employer <b>Santos &amp; Seeley, P.C.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Gallant</b>	First Name <b>Laura</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0235</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>182 W Haviland Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-3334</b>	Date Received <b>05/23/2010</b>			
Principal Occupation <b>Human Resource Manager</b>	Name of Employer <b>Co</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Ramsey</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0236</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>136 Pear Tree Point Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-5821</b>	Date Received <b>05/23/2010</b>			
Principal Occupation <b>Finance</b>	Name of Employer <b>Xerox Corporation</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Murphy</b>	First Name <b>Thomas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0186</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>179 Steele Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Date Received <b>05/23/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>COWDERY, ECKER &amp; MURPHY, L.L.C.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>05202010a</b></u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

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

Last Name <b>Kapi</b>	First Name <b>Barbara</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0185</b>	Amount of Contribution     <b>\$25.00</b>
Residential Street Address <b>6 Deme Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492-3029</b>	Date Received <b>05/23/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Koskoff</b>	First Name <b>Charlotte</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0184</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>8 River Edge Ct</b>	City <b>Plainville</b>	State <b>CT</b>	Zip Code <b>06062</b>	Date Received <b>05/23/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Dorsen</b>	First Name <b>Harriette</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0189</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>277 Town St</b>	City <b>West Cornwall</b>	State <b>CT</b>	Zip Code <b>06796</b>	Date Received <b>05/24/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Smithers</b>	First Name <b>Ruth</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0192</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>25 Kimberly Pl</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Date Received <b>05/24/2010</b>		
Principal Occupation <b>Educational Consultant</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		









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

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

Last Name <b>Hamby</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0201</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>35 Knolls Ln</b>	City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030</b>	Date Received <b>05/25/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05252010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Selkovits Taylor</b>	First Name <b>Anne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0202</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>219 Old Long Ridge Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>	Date Received <b>05/25/2010</b>		
Principal Occupation <b>Compliance Consultant</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05252010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Rubin</b>	First Name <b>Elizabeth</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0203</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>16 Lantern Cir</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905</b>	Date Received <b>05/25/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05252010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Kriftcher</b>	First Name <b>Jean</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0204</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>51 Deer Meadow Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>	Date Received <b>05/25/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05252010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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

Last Name England	First Name Fred	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 # 0210	Amount of Contribution
Residential Street Address 197 Georgetown Rd	City Weston	State CT	Zip Code 06883	Date Received 05/25/2010		
Principal Occupation Information Requested	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05252010a</u> <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 Kunin	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 # 0258	Amount of Contribution
Residential Street Address 149 Emery Dr E	City Stamford	State CT	Zip Code 06902	Date Received 05/25/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05252010a</u> <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 Kohler	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 # 0239	Amount of Contribution
Residential Street Address 3303 Dixwell Ave	City North Haven	State CT	Zip Code 06473-2961	Date Received 05/25/2010		
Principal Occupation Attorney	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Drazin	First Name Dorothy	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 # 0208	Amount of Contribution
Residential Street Address 12 Alfred Ln	City Stamford	State CT	Zip Code 06902	Date Received 05/25/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05252010a</u> <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)**

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### B. Itemized Contributions from Individuals

Last Name Kindall		First Name Clare		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 # 0198	Amount of Contribution
Residential Street Address 46 Bishop Rd		City West Hartford		State CT	Zip Code 06119-1535		Date Received 05/25/2010	
Principal Occupation Attorney		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	

Last Name Reynolds		First Name Tom		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 # 0240	Amount of Contribution
Residential Street Address 47 Bittersweet Dr			City Gales Ferry		State CT	Zip Code 06335-1002	Date Received 05/26/2010	
Principal Occupation Legislator			Name of Employer State of Conn.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

Last Name Brown		First Name Michael V		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 # 0241	Amount of Contribution
Residential Street Address 67 Point Beach Dr			City Milford		State CT	Zip Code 06460-7647	Date Received 05/26/2010	
Principal Occupation Consultant			Name of Employer New Standard Institute			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Jordan		First Name Terral		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 # 0228	Amount of Contribution
Residential Street Address 1521 Applecroft Ln		City Cockeysville		State MD	Zip Code 21030-1601		Date Received 05/26/2010	
Principal Occupation NA		Name of Employer NA			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

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

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### B. Itemized Contributions from Individuals

Last Name Jordan		First Name Lynn		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 # 0229	Amount of Contribution
Residential Street Address 1521 Applecroft Ln		City Cockeysville		State MD	Zip Code 21030-1601		Date Received 05/26/2010	
Principal Occupation na		Name of Employer NA			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 Flynn		First Name Stephen		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 # 0211	Amount of Contribution          \$100.00
Residential Street Address 3 Sulky Dr		City Brookfield		State CT	Zip Code 06804	Date Received 05/27/2010		
Principal Occupation None		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Fitzpatrick		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0213	Amount of Contribution
Residential Street Address 61 Pleasant St		City Waterbury		State CT	Zip Code 06706		Date Received 05/27/2010	
Principal Occupation Laborer		Name of Employer Ultimate Concrete, Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Uriano		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 # 0214	Amount of Contribution       \$25.00
Residential Street Address 207 Dinatali Dr		City Waterbury		State CT	Zip Code 06705	Date Received 05/27/2010		
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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		





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### B. Itemized Contributions from Individuals

Last Name French		First Name Christopher		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0220		Amount of Contribution	
Residential Street Address 220 Oxbow Rd			City Wayland		State MA	Zip Code 01778		Date Received 05/27/2010				
Principal Occupation Information Requested			Name of Employer Information Requested			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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Feintein		First Name Hilary		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 # 0242	Amount of Contribution
Residential Street Address 50 Caprice Dr			City Stamford		State CT	Zip Code 06902-1721	Date Received 05/27/2010	
Principal Occupation None			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Cortell		First Name Gary		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 # 0247	Amount of Contribution       \$100.00
Residential Street Address 1 Wellington Dr		City Stamford		State CT	Zip Code 06903-3211		Date Received 05/27/2010	
Principal Occupation TV Producer		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Aiessio		First Name Cathy		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 # 0249	Amount of Contribution  \$100.00
Residential Street Address 278 Russet Rd		City Stamford		State CT	Zip Code 06903-1819	Date Received 05/27/2010		
Principal Occupation None		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

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**B. Itemized Contributions from Individuals**

Last Name Sisco	First Name Rob	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 # 0250	Amount of Contribution
Residential Street Address 278 Russet Rd	City Stamford	State CT	Zip Code 06903-1819	Date Received 05/27/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Osheron	First Name Julianne	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 # 0251	Amount of Contribution
Residential Street Address 32 S Bedford Rd	City Pound Ridge	State NY	Zip Code 10576-2014	Date Received 05/27/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Sanders	First Name Gerald	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 # 0252	Amount of Contribution
Residential Street Address 24 Winding Ln	City Glen Head	State NY	Zip Code 11545-2904	Date Received 05/27/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Fink	First Name Neal	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 # 0233	Amount of Contribution
Residential Street Address 70 Crest Ter	City Fairfield	State CT	Zip Code 06825-1204	Date Received 05/27/2010		
Principal Occupation Programmer / Engineer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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						

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### B. Itemized Contributions from Individuals

Last Name Dranginis		First Name Anne		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 # 0225	Amount of Contribution
Residential Street Address PO Box 39		City Litchfield		State CT	Zip Code 06759-0039		Date Received 05/27/2010	
Principal Occupation Attorney		Name of Employer Rome McGuigan PC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Kirsher		First Name Nanci		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 # 0248	Amount of Contribution
Residential Street Address 723 Rock Rimmon Rd		City Stamford		State CT	Zip Code 06903-1216		Date Received 05/27/2010	
Principal Occupation Doctor		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Caputo		First Name Judith		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0217		Amount of Contribution	
Residential Street Address 146 Bayberry Ter			City Middlebury		State CT	Zip Code 06762		Date Received 05/27/2010				
Principal Occupation President			Name of Employer Advantage Realty Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00			\$50.00	

Last Name <b>Jaff</b>		First Name <b>Jennifer</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0224</b>	Amount of Contribution
Residential Street Address <b>18 Timberline Dr</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032-1744</b>		Date Received <b>05/27/2010</b>	
Principal Occupation <b>Attorney</b>		Name of Employer <b>Advocacy for Patients with Chronic Illness</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions  <b>\$100.00</b>	<b>\$100.00</b>

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**B. Itemized Contributions from Individuals**

Last Name <b>Bergenn</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0243</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>50 Castlewood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107-2903</b>	Date Received <b>05/27/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Shipman &amp; Goodwin, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Bergenn</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0246</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>50 Castlewood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107-2903</b>	Date Received <b>05/27/2010</b>		
Principal Occupation <b>Sr. Legal Consultant</b>	Name of Employer <b>Prudential</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Kaye</b>	First Name <b>Joel</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0227</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>87 Hillcrest Park Rd</b>	City <b>Old Greenwich</b>	State <b>CT</b>	Zip Code <b>06870-1018</b>	Date Received <b>05/27/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Self-Employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Steinmetz</b>	First Name <b>Shirley</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0222</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>375 Brimfield Rd</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109-3203</b>	Date Received <b>05/27/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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**B. Itemized Contributions from Individuals**

Last Name Cohen	First Name Ann	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 # 0255	Amount of Contribution
Residential Street Address 1062 Ponus Ridge Rd	City New Canaan	State CT	Zip Code 06840	Date Received 05/28/2010		
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? 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 conroy	First Name kimberley	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 # 0253	Amount of Contribution
Residential Street Address 251 W 89th St Apt 12C	City New York	State NY	Zip Code 10024-1741	Date Received 05/28/2010		
Principal Occupation Alumni Placement Manager	Name of Employer KIPP Foundation	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Bennett	First Name Roger	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 # 0254	Amount of Contribution
Residential Street Address 34 Jerome Ave	City West Hartford	State CT	Zip Code 06117	Date Received 05/28/2010		
Principal Occupation CPA	Name of Employer Bennett and Co	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Bloss	First Name William	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 # 0223	Amount of Contribution
Residential Street Address 1165 Great Hill Rd	City Guilford	State CT	Zip Code 06437-3648	Date Received 05/28/2010		
Principal Occupation Attorney	Name of Employer Koskoff Koskoff & Bieder	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$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 Lally		First Name Robert V		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0508	Amount of Contribution
Residential Street Address 38 Brian Ln		City Avon		State CT	Zip Code 06001-3518		Date Received 06/01/2010	
Principal Occupation Accountant		Name of Employer Federman, Lally & Remis LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Gahan		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 # 0221	Amount of Contribution       \$375.00
Residential Street Address 196 Harwood Rd		City Waterbury		State CT	Zip Code 06706	Date Received 06/02/2010		
Principal Occupation State Marshal		Name of Employer State of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		

Last Name Griswold		First Name Evan		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 # 0553	Amount of Contribution
Residential Street Address 24 Osprey Rd		City Old Lyme		State CT	Zip Code 06371		Date Received 06/02/2010	
Principal Occupation Realtor		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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Shea		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 # 0566	Amount of Contribution
Residential Street Address 325 Quaker Ln N			City West Hartford		State CT	Zip Code 06119-1036	Date Received 06/02/2010	
Principal Occupation Lawyer			Name of Employer Day Pitney LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Furze</b>	First Name <b>Lelieth</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0575</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>150 Wolcott Woods Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070-1441</b>	Date Received <b>06/02/2010</b>		
Principal Occupation <b>mental health provider</b>	Name of Employer <b>self employed</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Scarlett</b>	First Name <b>Richard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0612</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>11 Biltmore Ct</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001-4305</b>	Date Received <b>06/02/2010</b>		
Principal Occupation <b>Orthopaedic Surgeon</b>	Name of Employer <b>Grove Hill Medical Center</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Nussbaum</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0525</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>4 Lafayette Ct Apt 1B</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-5302</b>	Date Received <b>06/02/2010</b>		
Principal Occupation <b>Real Estate Investment</b>	Name of Employer <b>Entry Point Capital LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Barnes</b>	First Name <b>Benjamin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0520</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>28 Brightwood Ave</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614-4110</b>	Date Received <b>06/02/2010</b>		
Principal Occupation <b>Administrator</b>	Name of Employer <b>Bridgeport BOE</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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**B. Itemized Contributions from Individuals**

Last Name Constand	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 # 0286	Amount of Contribution
Residential Street Address 1 Winona Pl	City Easton	State CT	Zip Code 06612	Date Received 06/04/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06022010a</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 Cohen	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 # 0270	Amount of Contribution
Residential Street Address 49 Fernwood Rd	City West Hartford	State CT	Zip Code 06119	Date Received 06/04/2010		
Principal Occupation Lawyer	Name of Employer Shipman & Goodwin, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Fuchs	First Name Mitchell	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 # 0281	Amount of Contribution
Residential Street Address 202 Melody Ln	City Fairfield	State CT	Zip Code 06824	Date Received 06/04/2010		
Principal Occupation Property Manager	Name of Employer Wellesley Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06022010a</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 \$25.00		
\$25.00						
Last Name Manning	First Name Debbie	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 # 0259	Amount of Contribution
Residential Street Address 48 Anthony Dr	City Londonderry	State NH	Zip Code 03053	Date Received 06/04/2010		
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 \$25.00		
\$25.00						

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

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

Last Name <b>Morris</b>	First Name <b>Scott</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0261</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1600 N Quinn St Apt 304</b>	City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22209</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>National League of Cities</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Gorevic</b>	First Name <b>Jason</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0262</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>32 Norman Dr</b>	City <b>Rye</b>	State <b>NY</b>	Zip Code <b>10580</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>CEO</b>	Name of Employer <b>Teladoc</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Carbone</b>	First Name <b>Nicholas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0263</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>2 Park Place Cir Apt 23A</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Schick</b>	First Name <b>Anne</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0265</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>31 Woodland St Apt 1D</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Director of Graduate Medical Education</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

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

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

Last Name Rosa	First Name Peter	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 # 0266	Amount of Contribution
Residential Street Address 13 Cavendish Pl	City Avon	State CT	Zip Code 06001-5100	Date Received 06/04/2010		
Principal Occupation Program Officer	Name of Employer Hartfor Foundation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Angiolillo	First Name Glenn	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 # 0267	Amount of Contribution
Residential Street Address 84 Middle Ridge Rd	City New Canaan	State CT	Zip Code 06840	Date Received 06/04/2010		
Principal Occupation Manager	Name of Employer GJA Management Corp.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Weinstein	First Name Gayle	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 # 0274	Amount of Contribution
Residential Street Address 8 Hills End Ln	City Weston	State CT	Zip Code 06883-1339	Date Received 06/04/2010		
Principal Occupation First Selectwoman	Name of Employer Town of Weston		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022010a</u>			
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 Gianquinto	First Name Michael	MI J	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 # 0285	Amount of Contribution
Residential Street Address 2633 Post Rd	City Southport	State CT	Zip Code 06890	Date Received 06/04/2010		
Principal Occupation Consultant	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022010a</u>			
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 Robinson		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 # 0291	Amount of Contribution
Residential Street Address 9 Newport Ave		City Shelton		State CT	Zip Code 06484		Date Received 06/04/2010	
Principal Occupation Business Representative		Name of Employer New England Regional Council of Carpenters			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

Last Name Burke		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0293	Amount of Contribution
Residential Street Address 245 Unquowa Rd Apt 50			City Fairfield		State CT	Zip Code 06824-5069	Date Received 06/04/2010	
Principal Occupation Attorney		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Strand		First Name C.J.		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 # 0299	Amount of Contribution
Residential Street Address 221 Main St Apt A2			City Farmington		State CT	Zip Code 06032	Date Received 06/04/2010	
Principal Occupation Clerk			Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	\$20.00

Last Name Black		First Name Shirley		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 # 0307	Amount of Contribution       \$25.00
Residential Street Address 301 Tremont St Apt 3		City New Britain		State CT	Zip Code 06051-1120	Date Received 06/04/2010		
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Vayer</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0308</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>222 Overlook Ave</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06053</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Information Requested</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Jacobs</b>	First Name <b>Henry</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0310</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>24 Huntington Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Doctor/Lawyer</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Centeno</b>	First Name <b>Rolando</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0313</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>289 Slater Rd</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06053-3444</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Paraprofessional -- Autism Class</b>	Name of Employer <b>Consolidated School District of New Britain</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Emmel</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0318</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>28 Henderson Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Physician</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		





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

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

Last Name <b>Melley</b>	First Name <b>Diane</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0339</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>55 Brookside Rd</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Dullumie &amp; Co.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Durst</b>	First Name <b>Matthew</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0342</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>20 Woodcliff Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>PT</b>	Name of Employer <b>TBM Rehabilitation, LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Kogen</b>	First Name <b>Betty</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0296</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>35 Bridge St</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Dzwonkowski</b>	First Name <b>Edward</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0344</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>114 Hillcrest Ave</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06053</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Administrator of Elections</b>	Name of Employer <b>City of New Britain</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

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

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

Last Name <b>Powers</b>	First Name <b>Patricia</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0297</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>984 S Pine Creek Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Sullivan</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0312</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>41 High Farms Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Howard, Kohn, Sprague &amp; Fitzgerald, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Carbray</b>	First Name <b>Richard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0314</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>18 Foxbriar Ln</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Pharmacist</b>	Name of Employer <b>Apex Pharmacy</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Pfeifer</b>	First Name <b>Conor</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0277</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>670 S Pine Creek Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Student</b>	Name of Employer <b>Himes for Congress</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		



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

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

Last Name <b>Sauer</b>	First Name <b>Kathleen</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0260</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>55 Birch Hill Dr</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Masselli</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0320</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>110 Washington St</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Executive</b>	Name of Employer <b>CHC, Inc.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Kochol</b>	First Name <b>Peter</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0300</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>97 Harrison St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Program Manager</b>	Name of Employer <b>CT Judicial Branch</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Schaffman</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0327</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>26 Riggs Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Marketing Consultant</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		





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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name Cunningham	First Name Virginia	MI C	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 # 0276	Amount of Contribution
Residential Street Address 7 North Ave	City Weston	State CT	Zip Code 06883	Date Received 06/04/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010a</u> <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 Benjamin	First Name Adrienne	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 # 0309	Amount of Contribution
Residential Street Address 288 Steele St	City New Britain	State CT	Zip Code 06052	Date Received 06/04/2010		
Principal Occupation Clinical Social Worker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <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 \$40.00		
\$40.00						
Last Name Greenfield	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 # 0335	Amount of Contribution
Residential Street Address 111 Apple HI	City Newington	State CT	Zip Code 06111	Date Received 06/04/2010		
Principal Occupation Legislative Staff	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <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 Bielinski	First Name Suzanne	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 # 0322	Amount of Contribution
Residential Street Address 544 Corbin Ave	City New Britain	State CT	Zip Code 06052	Date Received 06/04/2010		
Principal Occupation Contract Negotiator	Name of Employer CAGNA Ins.	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <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 \$50.00		
\$50.00						





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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Feltman</b>	First Name <b>Arthur</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0324</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>596 Broadview Ter</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Educator</b>	Name of Employer <b>Parent Academy</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <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 <b>\$100.00</b>		
Last Name <b>Pudlin</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0306</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>407 Monroe St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <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 <b>\$100.00</b>		
Last Name <b>Cunningham</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0295</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>26 Honey Ln</b>	City <b>Sandy Hook</b>	State <b>CT</b>	Zip Code <b>06482</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Business Representative</b>	Name of Employer <b>New England Regional Council of Carpenters</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010a</b> <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 <b>\$100.00</b>		
Last Name <b>Lopes</b>	First Name <b>Richard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0337</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>208 S Mountain Dr</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <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 <b>\$50.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Passaro</b>	First Name <b>Cara</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0341</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>70 September Ln</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Policy Analyst</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Cohen</b>	First Name <b>Bruce</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0269</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Perkely Ln</b>	City <b>Riverside</b>	State <b>CT</b>	Zip Code <b>06878</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Fogarty, Cohen et al</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Brachfeld</b>	First Name <b>Kenneth</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0287</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>2493 Redding Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Self</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Vahey</b>	First Name <b>Cristin</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0280</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>1625 Melville Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-2044</b>	Date Received <b>06/04/2010</b>		
Principal Occupation <b>Mom/Social Worker</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

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

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### B. Itemized Contributions from Individuals

Last Name Steeneck-Luflecho		First Name Sherri		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0284	Amount of Contribution
Residential Street Address 166 Rock Ridge Rd		City Fairfield		State CT	Zip Code 06824		Date Received 06/04/2010			
Principal Occupation Realtor		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022010a</u>					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00			\$25.00

Last Name Tessier	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 # 0323	Amount of Contribution
Residential Street Address 32 Griswold St		City Hartford		State CT	Zip Code 06114	Date Received 06/04/2010
Principal Occupation Executive Director		Name of Employer CT Coalition T-H Health Funds		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					Aggregate Contributions \$100.00	\$100.00

Last Name Jannotta		First Name Alfonso		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 # 0271	Amount of Contribution
Residential Street Address 70 Laurelbrook Ln		City Fairfield		State CT	Zip Code 06824		Date Received 06/04/2010	
Principal Occupation Retired		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06022010a</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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
								\$100.00

Last Name Jannotta		First Name Jeannette		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 # 0272	Amount of Contribution
Residential Street Address 70 Laurelbrook Ln			City Fairfield		State CT	Zip Code 06824	Date Received 06/04/2010	
Principal Occupation Retired			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00





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

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### B. Itemized Contributions from Individuals

Last Name Klotz		First Name Rosemary		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 # 0331		Amount of Contribution  \$50.00
Residential Street Address 95 Harrison St			City New Britain		State CT	Zip Code 06052-1228		Date Received 06/04/2010	
Principal Occupation Team Lead			Name of Employer KRA Corp.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Flinter		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 # 0319	Amount of Contribution
Residential Street Address 52 Maple Ave W			City Higganum		State CT	Zip Code 06441	Date Received 06/04/2010	
Principal Occupation Healthcare			Name of Employer CHC		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Mullins		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 # 0334	Amount of Contribution
Residential Street Address 2 Pearl St		City Farmington		State CT	Zip Code 06032	Date Received 06/04/2010		
Principal Occupation Attorney		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06022010b</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:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$100.00	

Last Name Tetreau		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 # 0282	Amount of Contribution       \$50.00
Residential Street Address 5 Pleszko Pl		City Fairfield		State CT	Zip Code 06824		Date Received 06/04/2010	
Principal Occupation Realtor		Name of Employer William Raveis Real Estate			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Walsh</b>	First Name <b>Nancy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0586</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>349 Main St</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475-2366</b>	Date Received <b>06/04/2010</b>			
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>Pfeifer</b>	First Name <b>Devon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0279</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>670 S Pine Creek Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-6326</b>	Date Received <b>06/04/2010</b>			
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>06022010a</b></u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>Heller</b>	First Name <b>Harriett</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0290</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>126 Valley Forge Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>	Date Received <b>06/04/2010</b>			
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>06022010a</b></u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>Defronzo</b>	First Name <b>Donald</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0302</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>9 Bedford St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06051-1601</b>	Date Received <b>06/04/2010</b>			
Principal Occupation <b>Legislator</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>06022010b</b></u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>



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

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**B. Itemized Contributions from Individuals**

Last Name Geragosian	First Name Harriet	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 # 0321	Amount of Contribution
Residential Street Address 33 Recano Rd	City New Britain	State CT	Zip Code 06053-2546	Date Received 06/04/2010		
Principal Occupation Real Estate Broker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06022010b</u> <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 \$50.00		
Last Name Tyszk	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0390	Amount of Contribution
Residential Street Address 12 Briarwood Dr	City Simsbury	State CT	Zip Code 06070-1104	Date Received 06/05/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <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 \$75.00		
Last Name Buck	First Name Christine	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0372	Amount of Contribution
Residential Street Address 358 West St	City Plantsville	State CT	Zip Code 06479-1162	Date Received 06/05/2010		
Principal Occupation Investigator	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Grudberg	First Name Ira	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0352	Amount of Contribution
Residential Street Address 14 Lorraine Dr	City Woodbridge	State CT	Zip Code 06525	Date Received 06/05/2010		
Principal Occupation Lawyer	Name of Employer Jacobs Grudberg, Belt, Dow & Katz	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		



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

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**B. Itemized Contributions from Individuals**

Last Name Houlihan	First Name Charles	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 # 0384	Amount of Contribution
Residential Street Address 2 Somerset Ln	City Simsbury	State CT	Zip Code 06070-1716	Date Received 06/05/2010		
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <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 \$50.00		
\$50.00						
Last Name Colman	First Name Wanda	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 # 0375	Amount of Contribution
Residential Street Address 14 Main Street Ext	City Tariffville	State CT	Zip Code 06081	Date Received 06/05/2010		
Principal Occupation Speech/Language Pathologist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <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 \$35.00		
\$35.00						
Last Name Bishop	First Name Vincent	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 # 0376	Amount of Contribution
Residential Street Address 14 Main Street Ext	City Tariffville	State CT	Zip Code 06081	Date Received 06/05/2010		
Principal Occupation Prop. Manager	Name of Employer Folly Farm Stables	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <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 \$45.00		
\$45.00						
Last Name Esty	First Name Daniel	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 # 0568	Amount of Contribution
Residential Street Address 213 Preston Ter	City Cheshire	State CT	Zip Code 06410-3138	Date Received 06/05/2010		
Principal Occupation Professor	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Pena</b>	First Name <b>Mardelle</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0383</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>11 Avalon Dr</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>06/05/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Mielert</b>	First Name <b>Anita</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0388</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>57 E Weatogue St</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>06/05/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Mielert</b>	First Name <b>Wolfried</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0389</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>57 E Weatogue St</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>06/05/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Berger</b>	First Name <b>Karen</b>	MI <b>K</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0391</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>15 Orchard Hill Rd</b>	City <b>Canton</b>	State <b>CT</b>	Zip Code <b>06019</b>	Date Received <b>06/05/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		





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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Ballard</b>	First Name <b>Barbara</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0351</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>86 Elys Ferry Rd</b>	City <b>Lyme</b>	State <b>CT</b>	Zip Code <b>06371</b>	Date Received <b>06/05/2010</b>			
Principal Occupation <b>Executive</b>	Name of Employer <b>Odyssey Enterprises, Inc.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Sodipo</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0611</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>150 Stanley Dr</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-2622</b>	Date Received <b>06/05/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Jacobs &amp; Sodipo</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Ford</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0345</b>	Amount of Contribution          <b>\$250.00</b>	
Residential Street Address <b>223 Atlantic Ave Apt 4-A</b>	City <b>Palm Beach</b>	State <b>FL</b>	Zip Code <b>33480</b>	Date Received <b>06/05/2010</b>			
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$250.00</b>
Last Name <b>Taylor</b>	First Name <b>Margaret</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0347</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>7 Woodcock Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/05/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>TIAA - CREF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>



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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name Gillespie	First Name Ian	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 # 0348	Amount of Contribution
Residential Street Address 7 Woodcock Ln	City Westport	State CT	Zip Code 06880	Date Received 06/05/2010		
Principal Occupation Student	Name of Employer Student	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sotil	First Name Ricardo	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 # 0350	Amount of Contribution
Residential Street Address 6 Valley View Dr	City East Granby	State CT	Zip Code 06026	Date Received 06/05/2010		
Principal Occupation Owner	Name of Employer Sotil Tree Service LLC	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <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 \$25.00		
Last Name Bishop	First Name Steven	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 # 0353	Amount of Contribution
Residential Street Address 265 Taconic Rd	City Greenwich	State CT	Zip Code 06831	Date Received 06/05/2010		
Principal Occupation Attorney	Name of Employer Mead, Bromley and Bishop	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name DiNardo	First Name Nancy	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 # 0354	Amount of Contribution
Residential Street Address 61 Suzanne Cir	City Trumbull	State CT	Zip Code 06611-4537	Date Received 06/05/2010		
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? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		



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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Walker</b>	First Name <b>Lyn</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0363</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>95 Elm St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Date Received <b>06/05/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Shipman &amp; Goodwin, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Gay</b>	First Name <b>Merrill</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0364</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>72 Brady Ave</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Date Received <b>06/05/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Rodriguez</b>	First Name <b>Angeles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0366</b>	Amount of Contribution          <b>\$30.00</b>
Residential Street Address <b>5 Riverfield Dr</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>	Date Received <b>06/05/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$30.00</b>		
Last Name <b>Michel</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0369</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>127 Duncaster Rd</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002-1253</b>	Date Received <b>06/05/2010</b>		
Principal Occupation <b>Finance/Insurance</b>	Name of Employer <b>Aetna</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

Last Name Hammerslough		First Name Nancy		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 # 0370	Amount of Contribution
Residential Street Address 119 Kettle Creek Rd		City Weston		State CT	Zip Code 06883-2241	Date Received 06/05/2010		
Principal Occupation Publisher		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
								\$25.00

Last Name Erickson	First Name Caryn	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 # 0373	Amount of Contribution	
Residential Street Address PO Box 942	City Old Lyme	State CT	Zip Code 06371	Date Received 06/05/2010			
Principal Occupation Information Requested	Name of Employer Information Requested	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"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Wolfe		First Name Nancy		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 # 0374	Amount of Contribution
Residential Street Address 109 E Weatogue St		City Simsbury		State CT	Zip Code 06070		Date Received 06/05/2010	
Principal Occupation Professor of Public Health		Name of Employer University of Connecticut Health Center			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <input 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 Weiss		First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0378	Amount of Contribution
Residential Street Address 360 Cherry Brook Rd			City Canton		State CT	Zip Code 06019		Date Received 06/05/2010		
Principal Occupation Physician			Name of Employer Connecticut Children's Medical Center			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06052010a</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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	



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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name Donohue	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 # 0393	Amount of Contribution
Residential Street Address 17 Firetown Rd , P.O. Box 472	City Simsbury	State CT	Zip Code 06070	Date Received 06/05/2010		
Principal Occupation Information Requested	Name of Employer Information Requested	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <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 Willerup	First Name Tara	MI D	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 # 0394	Amount of Contribution
Residential Street Address 17 Firetown Rd	City Simsbury	State CT	Zip Code 06070-1914	Date Received 06/05/2010		
Principal Occupation Mom	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <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 Alfieri	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 # 0395	Amount of Contribution
Residential Street Address 36 County Rd	City Simsbury	State CT	Zip Code 06070	Date Received 06/05/2010		
Principal Occupation Portfolio Manager	Name of Employer New Alliance Bank	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <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 Belniak	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0544	Amount of Contribution
Residential Street Address 102 Taine Mountain Rd	City Burlington	State CT	Zip Code 06013-1913	Date Received 06/05/2010		
Principal Occupation Physician	Name of Employer Grove Hill Medical Center	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### B. Itemized Contributions from Individuals

Last Name Ustach		First Name Lynne		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0534		Amount of Contribution	
Residential Street Address 35 Ashford Dr			City Avon		State CT	Zip Code 06001-4552		Date Received 06/05/2010				
Principal Occupation Attorney			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00			\$50.00	

Last Name Hayes		First Name Lara		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 # 0529	Amount of Contribution
Residential Street Address 34 Mandeney Ln			City Ormond Beach		State FL	Zip Code 32174		Date Received 06/05/2010
Principal Occupation Manager			Name of Employer Linear			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Spear		First Name Gregory		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 # 0549	Amount of Contribution
Residential Street Address 161 Brace Rd		City West Hartford		State CT	Zip Code 06107-1812		Date Received 06/05/2010	
Principal Occupation Publisher		Name of Employer Independent Investor		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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
								\$100.00

Last Name Brenneman		First Name Barbara		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 # 0571	Amount of Contribution
Residential Street Address 15 Twin Ponds Dr		City Unionville		State CT	Zip Code 06085-1503		Date Received 06/05/2010	
Principal Occupation Registrar of Voters		Name of Employer Town of Farmington			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$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 <b>McArdle</b>	First Name <b>Chris</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0604</b>	Amount of Contribution          <b>\$10.00</b>	
Residential Street Address <b>41 Bennetts Bridge Rd</b>	City <b>Sandy Hook</b>	State <b>CT</b>	Zip Code <b>06482-1440</b>	Date Received <b>06/06/2010</b>			
Principal Occupation <b>Video Director</b>	Name of Employer <b>Dan Malloy for Governor</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$10.00</b>
Last Name <b>Kostek</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0538</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>31 Hoyt St</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-5618</b>	Date Received <b>06/06/2010</b>			
Principal Occupation <b>At home parent</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Zonis</b>	First Name <b>Jennifer</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0515</b>	Amount of Contribution          <b>\$40.00</b>	
Residential Street Address <b>893 N Wilton Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-2426</b>	Date Received <b>06/07/2010</b>			
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$40.00</b>
Last Name <b>Corbett</b>	First Name <b>Kathleen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0412</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>49 Cross Ridge Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-2312</b>	Date Received <b>06/07/2010</b>			
Principal Occupation <b>Private Investing/Consulting</b>	Name of Employer <b>Cross Ridge Capital, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06062010a</b>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>



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

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

Last Name Jones		First Name Elizabeth		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0413		Amount of Contribution	
Residential Street Address 101 Harrison Ave			City New Canaan		State CT	Zip Code 06840-5804		Date Received 06/07/2010				
Principal Occupation Gardener			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06062010a</u>						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00			\$25.00	

Last Name Blondin		First Name Audrey		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 # 0405	Amount of Contribution
Residential Street Address 66 Talmadge Ln		City Litchfield		State CT	Zip Code 06759-2417		Date Received 06/07/2010	
Principal Occupation Attorney		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Ryan		First Name Gail		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 # 0399	Amount of Contribution
Residential Street Address 20 Westledge Rd		City West Simsbury		State CT	Zip Code 06070		Date Received 06/07/2010	
Principal Occupation Librarian		Name of Employer Loomis Chaffee			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Turrentine		First Name Lucie		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 # 0407	Amount of Contribution          \$100.00
Residential Street Address 79 Greenley Rd		City New Canaan		State CT	Zip Code 06840	Date Received 06/07/2010		
Principal Occupation Housewife		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06062010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### B. Itemized Contributions from Individuals

Last Name Cosgrove		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 # 0401	Amount of Contribution
Residential Street Address 6 Eagle Ln		City Simsbury		State CT	Zip Code 06070		Date Received 06/07/2010	
Principal Occupation State Marshal		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Runnette		First Name Alice		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 # 0426	Amount of Contribution       \$50.00
Residential Street Address 49 St John Pl		City New Canaan		State CT	Zip Code 06840	Date Received 06/07/2010		
Principal Occupation Housewife		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06062010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

Last Name Apy		First Name Eileen		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 # 0415	Amount of Contribution
Residential Street Address 96 Harrison Ave		City New Canaan		State CT	Zip Code 06840		Date Received 06/07/2010	
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06062010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00	\$10.00

Last Name Franco		First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0414		Amount of Contribution	
Residential Street Address 180 Summer St			City New Canaan			State CT	Zip Code 06840		Date Received 06/07/2010			
Principal Occupation Merchant			Name of Employer Franco Wines, Inc.				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06062010a</u> <input 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 \$50.00			





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

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

Last Name <b>Rodriguez</b>	First Name <b>Sabino</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0425</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>12 Norwalk Ave</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Day Pitney</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06062010a</b> <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 <b>\$100.00</b>		
Last Name <b>MacEachron</b>	First Name <b>Devon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0427</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>164 Middle Beach Rd</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Psychologist</b>	Name of Employer <b>Hines</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06062010a</b> <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 <b>\$100.00</b>		
Last Name <b>Kulig</b>	First Name <b>Amy</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0397</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>10 Talcott Range Dr</b>	City <b>East Granby</b>	State <b>CT</b>	Zip Code <b>06026</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>State of Connecticut Dept. of Labor</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <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 <b>\$100.00</b>		
Last Name <b>Borrino</b>	First Name <b>Lisa</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0402</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>41 Banks Rd</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Hearing Officer</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <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 <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Borrino</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0403</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>41 Banks Rd</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Benaett &amp; McHugh PC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Blondin</b>	First Name <b>Matthew</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0404</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>66 TallImage Ln</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06759</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Optometrist</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Apy</b>	First Name <b>Virginia</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0406</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>96 Harrison Ave</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-5801</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06062010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Winkles</b>	First Name <b>Madaline</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0408</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>63 Fitch Ln</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Sales</b>	Name of Employer <b>Roy Winkles Consulting</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06062010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Winkles</b>	First Name <b>Roy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0428</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>63 Fitch Ln</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06062010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Hussey</b>	First Name <b>Christine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0409</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>325 Main St</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-5837</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Realtor</b>	Name of Employer <b>Chris Hussey Real Estate</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06062010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Finn</b>	First Name <b>Stephen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0410</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>75 Pheasant Dr</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Wofsey Rosen</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06062010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Finn</b>	First Name <b>Denise</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0411</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>75 Pheasant Dr</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Date Received <b>06/07/2010</b>		
Principal Occupation <b>Nurse</b>	Name of Employer <b>New Canaan Pediatric</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06062010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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### B. Itemized Contributions from Individuals

Last Name Devereaux		First Name Kathryn		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0417		Amount of Contribution	
Residential Street Address 43 St John Pl			City New Canaan		State CT	Zip Code 06840		Date Received 06/07/2010				
Principal Occupation Retired			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06062010a</u> <input 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 \$35.00			\$35.00	

Last Name Pollock		First Name Jefrey		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 # 0600	Amount of Contribution
Residential Street Address 825 W End Ave			City New York		State NY	Zip Code 10025-5349	Date Received 06/07/2010	
Principal Occupation Consultant			Name of Employer Global Strategy Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Burrows		First Name Lori		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 # 0602	Amount of Contribution
Residential Street Address 43 Farmstead Ln		City West Simsbury		State CT	Zip Code 06092-2416		Date Received 06/07/2010	
Principal Occupation Teacher		Name of Employer Simsbury Public Schools			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Hathaway		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0398	Amount of Contribution          \$25.00
Residential Street Address 54 Lilley Rd		City West Hartford		State CT	Zip Code 06119		Date Received 06/07/2010	
Principal Occupation Public Affairs Office		Name of Employer Yale University			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Ahern</b>	First Name <b>Monica</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0543</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>46 Arundel Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107-1705</b>	Date Received <b>06/09/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>West Hartford Public Schools</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Bassik</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0536</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>45 E 30th St</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10016-7361</b>	Date Received <b>06/09/2010</b>		
Principal Occupation <b>Digital Strategist</b>	Name of Employer <b>Global Strategy Group</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Hypolite</b>	First Name <b>Wayne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0513</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>55 Prospect St</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002-3038</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>Executive Assistant</b>	Name of Employer <b>State of CT</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Haines</b>	First Name <b>Karen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0429</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>16 Orchard Rd</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>Admin. Mgr.</b>	Name of Employer <b>William Raveis Real Estate</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Fortunato</b>	First Name <b>Stephen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0430</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>16 Orchard Rd</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>IT Consultant</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Norton</b>	First Name <b>Maureen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0434</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>56 Edwards Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>Market Insights Analyst</b>	Name of Employer <b>IBM</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>06052010a</b></u>				
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 <b>\$50.00</b>		
Last Name <b>Norton</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0435</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>56 Edwards Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>Asso. Dean</b>	Name of Employer <b>UNH</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>06052010a</b></u>				
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 <b>\$50.00</b>		
Last Name <b>Bishnoi</b>	First Name <b>Vijay</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0442</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>64 Highcrest Rd</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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### B. Itemized Contributions from Individuals

Last Name Rashin		First Name Steven		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0449		Amount of Contribution	
Residential Street Address 4545 Connecticut Ave NW Apt 52			City Washington		State DC	Zip Code 20008		Date Received 06/10/2010				
Principal Occupation Information Requested			Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00			\$25.00	

Last Name Tusch		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 # 0451	Amount of Contribution
Residential Street Address 31 Stone Fence Ln		City Stamford		State CT	Zip Code 06903		Date Received 06/10/2010	
Principal Occupation Attorney		Name of Employer Cacace, Tusch & Santagata			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06092010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Fox		First Name Daniel		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 # 0453	Amount of Contribution
Residential Street Address 287 Hamilton Ave Unit 2H		City Stamford		State CT	Zip Code 06902	Date Received 06/10/2010		
Principal Occupation Attorney		Name of Employer Curtis Brickenhoff & Barrett			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06092010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name McCreery		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 # 0454	Amount of Contribution          \$100.00
Residential Street Address 14 Arden Ln		City Shelton		State CT	Zip Code 06484	Date Received 06/10/2010		
Principal Occupation Attorney		Name of Employer Pullman & Comley, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06092010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

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

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### B. Itemized Contributions from Individuals

Last Name Kowalski		First Name Ronald		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0460	Amount of Contribution
Residential Street Address 545 N Park Avenue		City Easton		State CT	Zip Code 06612-1249	Date Received 06/10/2010		
Principal Occupation Attorney		Name of Employer Cacace, Tusch & Santagata			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06092010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Ronan		First Name Timothy		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 # 0464	Amount of Contribution	
Residential Street Address 10 Pipers Hill Rd		City Wilton		State CT	Zip Code 06897	Date Received 06/10/2010			
Principal Occupation Attorney		Name of Employer Pullman & Comley, LLC			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06092010a</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"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Jackson		First Name Tommie	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 # 0465	Amount of Contribution       \$100.00
Residential Street Address PO Box 8236		City Stamford		State CT	Zip Code 06905-8236	Date Received 06/10/2010	
Principal Occupation Information Requested		Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06092010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Simmons										First Name Laura		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card				Contribution ID # 0466		Amount of Contribution		
Residential Street Address 60 Grove St Unit 5					City Shelton					State CT		Zip Code 06484			Date Received 06/10/2010						
Principal Occupation Attorney					Name of Employer Piazza, Simmons & Grant					Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06092010a</u>											
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:										<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Aggregate Contributions \$50.00			\$50.00	







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

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**B. Itemized Contributions from Individuals**

Last Name Skovgaard	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0605	Amount of Contribution
Residential Street Address 128 Pond Rd	City Stamford	State CT	Zip Code 06902-1831	Date Received 06/10/2010		
Principal Occupation Attorney	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Diamond	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 # 0461	Amount of Contribution
Residential Street Address 24 West Trl	City Stamford	State CT	Zip Code 06903	Date Received 06/10/2010		
Principal Occupation Attorney	Name of Employer Diamond & Diamond, LLC		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06092010a</u> <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 DeFusco	First Name Leopold	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 # 0462	Amount of Contribution
Residential Street Address 35 Catherine St	City Trumbull	State CT	Zip Code 06611	Date Received 06/10/2010		
Principal Occupation Attorney	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06092010a</u> <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 Freedman	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 # 0440	Amount of Contribution
Residential Street Address 115 Haviland Rd	City Stamford	State CT	Zip Code 06903	Date Received 06/10/2010		
Principal Occupation Real Estate	Name of Employer Garden Homes Mgmt		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						





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

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**B. Itemized Contributions from Individuals**

Last Name <b>Pameijer</b>	First Name <b>Cornelis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0437</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>10 Highwood Rd</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06052010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Ziotas</b>	First Name <b>Angelo</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0560</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>6 Kimberly Pl</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-4511</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>McCluskey</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0432</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>251 Westport Ter</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>Union Staff Rep.</b>	Name of Employer <b>Connecticut State Employees Association</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06022010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Doolittle</b>	First Name <b>Theodore</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0433</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>84 Walden St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107-1740</b>	Date Received <b>06/10/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>United Healthcare</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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

Last Name Zohdy	First Name Mohamed	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 # 0507	Amount of Contribution
Residential Street Address 77 Circle Dr	City Greenwich	State CT	Zip Code 06830-6738	Date Received 06/10/2010		
Principal Occupation Owner	Name of Employer Zodi's 19th Hole		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Diamond	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 # 0439	Amount of Contribution
Residential Street Address 33 Fieldstone Rd	City Stamford	State CT	Zip Code 06902-2575	Date Received 06/10/2010		
Principal Occupation Attorney	Name of Employer Diamond Law		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06092010a</u> <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		
Last Name Geller	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 # 0471	Amount of Contribution
Residential Street Address 276 Marvelwood Dr	City New Haven	State CT	Zip Code 06515	Date Received 06/11/2010		
Principal Occupation Administrator	Name of Employer State of Connecticut -- DMHAS		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Gould	First Name Theodore	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 # 0470	Amount of Contribution
Residential Street Address Echo Hill Farm, PO Box 5564	City Charlottesville	State VA	Zip Code 22905	Date Received 06/11/2010		
Principal Occupation Retired Investor	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? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		



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

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

Last Name <b>Webb</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0472</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>30 Windermere Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	Date Received <b>06/11/2010</b>		
Principal Occupation <b>Sales</b>	Name of Employer <b>Thomson/Reuters</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Smits</b>	First Name <b>Laura</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0473</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>26 Birch Hill Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883-1711</b>	Date Received <b>06/11/2010</b>		
Principal Occupation <b>Registrar of Voters</b>	Name of Employer <b>Town of Weston</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Cunningham</b>	First Name <b>Carolyn</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0510</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>3815 Woodbine St</b>	City <b>Chevy Chase</b>	State <b>MD</b>	Zip Code <b>20815-4958</b>	Date Received <b>06/11/2010</b>		
Principal Occupation <b>Executive</b>	Name of Employer <b>Trust for the National Mall</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Lightbourne</b>	First Name <b>Taber</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0541</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>251 W 89th St</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10024-1712</b>	Date Received <b>06/11/2010</b>		
Principal Occupation <b>Research assistant</b>	Name of Employer <b>Memorial Sloan Kettering</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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### B. Itemized Contributions from Individuals

Last Name Spivack		First Name Linda		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0474	Amount of Contribution
Residential Street Address 100 Santa Fe Ave		City Hamden		State CT	Zip Code 06517		Date Received 06/12/2010	
Principal Occupation V.P. Nursing		Name of Employer Hartford Hospital			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

[illegible]

Last Name Mackay		First Name Marilyn		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 # 0528	Amount of Contribution
Residential Street Address 92 Wyassup Lake Rd			City North Stonington		State CT	Zip Code 06359-1124	Date Received 06/12/2010	
Principal Occupation none			Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Faxon		First Name Joel		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 # 0505	Amount of Contribution          \$100.00
Residential Street Address 38 Old Farm Hill Rd		City Newtown		State CT	Zip Code 06470	Date Received 06/14/2010		
Principal Occupation Attorney		Name of Employer Stratton Faxon			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		

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

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

Last Name Faxon		First Name Carolyn		MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0506		Amount of Contribution	
Residential Street Address 38 Old Farm Hill Rd			City Newtown		State CT	Zip Code 06470		Date Received 06/14/2010				
Principal Occupation Consultant			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name Marquis		First Name Tessa		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 # 0501	Amount of Contribution
Residential Street Address 67 Point Beach Dr		City Milford		State CT	Zip Code 06460-7647		Date Received 06/14/2010	
Principal Occupation Project Coord		Name of Employer New Standard Institute, Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Hoffstatter		First Name Ted		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 # 0477	Amount of Contribution
Residential Street Address 201 Deer Run Rd		City Wilton		State CT	Zip Code 06897-1211		Date Received 06/14/2010	
Principal Occupation Teacher		Name of Employer Wilton Public Schools			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Thompson		First Name Elizabeth		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 # 0491	Amount of Contribution
Residential Street Address 12 Spectacle Ln			City Ridgefield		State CT	Zip Code 06877-5714	Date Received 06/14/2010	
Principal Occupation None			Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$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 <b>Straiton</b>	First Name <b>Richard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0483</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>7 Codfish Hill Rd</b>	City <b>Bethel</b>	State <b>CT</b>	Zip Code <b>06801-3301</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>Maintenance Director</b>	Name of Employer <b>Bethel Health Care</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06132010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Hennessey</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0576</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>25 Wallacks Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-7114</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Sandak, Hennessey &amp; Greco, LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Jevera</b>	First Name <b>Kaye Hennessey</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0521</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>25 Wallacks Dr</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-7114</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Kaye &amp; Hennessey, LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Godfrey</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0492</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>13 Stillman Ave</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810-8007</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>State Rep.</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06132010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		





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

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

Last Name <b>Mcgerald</b>	First Name <b>Katherine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0478</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>91 Ramapoo Rd</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877-3719</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06132010a</b>		<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 <b>\$50.00</b>		
Last Name <b>Masone</b>	First Name <b>Thomas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0479</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>28 Sunset Hill Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06132010a</b>		<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 <b>\$100.00</b>		
Last Name <b>Howard</b>	First Name <b>Richard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0484</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>308 N Salem Rd</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06132010a</b>		<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 <b>\$50.00</b>		
Last Name <b>James</b>	First Name <b>Elizabeth</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0485</b>	Amount of Contribution          <b>\$60.00</b>
Residential Street Address <b>61 Seaview Ave Apt 59</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>VP Corp. Comm</b>	Name of Employer <b>MBIA</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06132010a</b>		<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 <b>\$60.00</b>		





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

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

Last Name Rotenberg	First Name Jean	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 # 0496	Amount of Contribution
Residential Street Address 13741 Wood Ln	City Minnetonka	State MN	Zip Code 55305	Date Received 06/14/2010		
Principal Occupation Information Requested	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Whisker	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 # 0497	Amount of Contribution
Residential Street Address 3 Strawberry Ln	City Old Lyme	State CT	Zip Code 06371	Date Received 06/14/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052010a</u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Whisker	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 # 0498	Amount of Contribution
Residential Street Address 3 Strawberry Ln	City Old Lyme	State CT	Zip Code 06371	Date Received 06/14/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052010a</u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Ash	First Name Lucinda	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 # 0500	Amount of Contribution
Residential Street Address 1 West St Unit 125	City Simsbury	State CT	Zip Code 06070	Date Received 06/14/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052010a</u>				
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 \$35.00		

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

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

Last Name <b>Plaut</b>	First Name <b>Jeffrey</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0502</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>288 Grove St</b>	City <b>Montclair</b>	State <b>NJ</b>	Zip Code <b>07042</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Global Strategy Group</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Edwards</b>	First Name <b>Paul</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0504</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>35 Wyndemere Ct</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Stratton Faxon</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>ellovich</b>	First Name <b>david</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0545</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>311 Fern St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119-1134</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>financial advisor</b>	Name of Employer <b>ubs</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Goldstein</b>	First Name <b>Francine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0499</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>43 Good Hill Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>	Date Received <b>06/14/2010</b>		
Principal Occupation <b>Marketing</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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### B. Itemized Contributions from Individuals

Last Name golub		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 # 0596	Amount of Contribution
Residential Street Address 47 Old Long Ridge Rd			City Stamford		State CT	Zip Code 06903-1620	Date Received 06/15/2010	
Principal Occupation attorney			Name of Employer silver golub & teittel llp			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Rifkin		First Name Howard		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 # 0531	Amount of Contribution
Residential Street Address 144 Sunny Reach Dr		City West Hartford		State CT	Zip Code 06117-1537		Date Received 06/16/2010	
Principal Occupation Public Official		Name of Employer State of CT Treasury			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Putterman		First Name Bruce		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 # 0516	Amount of Contribution
Residential Street Address 57 Pioneer Dr		City West Hartford		State CT	Zip Code 06117-3031		Date Received 06/16/2010	
Principal Occupation Consultant		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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Wood		First Name Jeffrey		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 # 0555	Amount of Contribution  \$25.00
Residential Street Address 260 France St		City Rocky Hill		State CT	Zip Code 06067-2916		Date Received 06/16/2010	
Principal Occupation Consultant		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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Mandyck</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0551</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1037 N Main St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-2055</b>	Date Received <b>06/16/2010</b>		
Principal Occupation <b>VP, Sustainability</b>	Name of Employer <b>Carrier Corporation</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Toomey</b>	First Name <b>Aoife</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0556</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>308 1/2 11th St SE</b>	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003-2103</b>	Date Received <b>06/16/2010</b>		
Principal Occupation <b>Fundraising</b>	Name of Employer <b>Smithsonian Institution</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Curry</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0587</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>23 Visgrove Ln</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-2333</b>	Date Received <b>06/17/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>RIU</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Evans</b>	First Name <b>Deane</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0512</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>8 Fox Run Rd</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06850-2323</b>	Date Received <b>06/18/2010</b>		
Principal Occupation <b>Architect</b>	Name of Employer <b>NJIT</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Hoberman</b>	First Name <b>Matthew</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0589</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>77 Pilgrim Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-2244</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Rome</b>	First Name <b>Lewis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0590</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>16 High Hill Rd</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002-2110</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Rome McGuigan P.C.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Ruel</b>	First Name <b>Debra</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0577</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>38 Enrico Rd</b>	City <b>Bolton</b>	State <b>CT</b>	Zip Code <b>06043-7553</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Rome McGuigan P.C.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Roberts</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0580</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>58 Country Ln</b>	City <b>Collinsville</b>	State <b>CT</b>	Zip Code <b>06019-3406</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Shipman &amp; Goodwin, LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Byrne</b>	First Name <b>Julie</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0598</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1831 Mill Plain Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-3033</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Shipman &amp; Goodwin, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>Bronner</b>	First Name <b>Felix</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0013</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>33 Ferncliff Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-1013</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Professor Emeritus</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>Ott</b>	First Name <b>Deborah</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0004</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>15 Castlewood Rd</b>	City <b>Weatogue</b>	State <b>CT</b>	Zip Code <b>06089</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>East Granby High School</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06052010a</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>Clemow</b>	First Name <b>Brian</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0023</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>154 Steele Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Shipman &amp; Goodwin, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		







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

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**B. Itemized Contributions from Individuals**

Last Name <b>Benjamin</b>	First Name <b>Daniel</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0001</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>206 Lynam Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Benjamin &amp; Gold</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06092010a</b> <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 <b>\$100.00</b>		
Last Name <del>Orland</del>	First Name <del>Carole</del>	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 # <del>0002</del>	Amount of Contribution          <del>\$100.00</del>
Residential Street Address <del>94 Compo Rd N</del>	City <del>Westport</del>	State <del>CT</del>	Zip Code <del>06880</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Attorney</del>	Name of Employer <del>Broder &amp; Orland, LLC</del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
Last Name <del>Orland</del>	First Name <del>Burton</del>	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 # <del>0035</del>	Amount of Contribution          <del>\$100.00</del>
Residential Street Address <del>94 Compo Rd N</del>	City <del>Westport</del>	State <del>CT</del>	Zip Code <del>06880</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Attorney/Consultant</del>	Name of Employer <del>Self</del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
Last Name <b>Orland</b>	First Name <b>Burton</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1052</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>94 Compo Rd N</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney/Consultant</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <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 <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Orland</b>	First Name <b>Carole</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1042</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>94 Compo Rd N</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Broder &amp; Orland, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06162010a</b> <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 <b>\$100.00</b>		
Last Name <b>Freedman</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0005</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>213 Tryon St</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Shipman &amp; Goodwin, LLP</b>		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 <b>\$100.00</b>		
Last Name <b>Budlong</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0006</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>48 Cider Mill Hts</b>	City <b>North Granby</b>	State <b>CT</b>	Zip Code <b>06060</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? 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 <b>\$100.00</b>		
Last Name <b>Spector</b>	First Name <b>Jessica</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0007</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>220 Weston Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883-2101</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Writer</b>	Name of Employer <b>Self</b>		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 <b>\$100.00</b>		





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

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**B. Itemized Contributions from Individuals**

Last Name <b>Staib</b>	First Name <b>Karen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0022</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>55 Grennan Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Shipman &amp; Goodwin, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Murphy</b>	First Name <b>Patricia</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0025</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>410 E Main St Apt 604</b>	City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06450</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Receptionist</b>	Name of Employer <b>Shipman &amp; Goodwin, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <del><b>Schuermans</b></del>	First Name <del><b>Hans</b></del>	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 # <del><b>0026</b></del>	Amount of Contribution          <del><b>\$100.00</b></del>
Residential Street Address <del><b>5 Old Field Ln</b></del>	City <del><b>Redding</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06896</b></del>	Date Received <del><b>06/19/2010</b></del>		
Principal Occupation <del><b>Architect</b></del>	Name of Employer <del><b>Fletcher Thompson</b></del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del><b>\$200.00</b></del>		
Last Name <b>Schuermans</b>	First Name <b>Hans</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1043</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>5 Old Field Ln</b>	City <b>Redding</b>	State <b>CT</b>	Zip Code <b>06896</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Architect</b>	Name of Employer <b>Fletcher Thompson</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06162010a</b>			
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 <b>\$100.00</b>		

# I. MONETARY RECEIPTS (Section A-I)

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

Last Name <b>Felipe</b>	First Name <b>Ruben</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1045</b>	Amount of Contribution     <b>\$20.00</b>
Residential Street Address <b>195 Crestview Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606-2057</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Deputy Chief of Staff</b>	Name of Employer <b>City of Bridgeport</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <del>Felipe</del>	First Name <del>Ruben</del>	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 # <del>0028</del>	Amount of Contribution     <del>\$20.00</del>
Residential Street Address <del>195 Crestview Dr</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06606-2057</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Deputy Chief of Staff</del>	Name of Employer <del>City of Bridgeport</del>		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 <del>\$40.00</del>		
Last Name <del>Skyers</del>	First Name <del>Eroll</del>	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 # <del>0030</del>	Amount of Contribution     <del>\$25.00</del>
Residential Street Address <del>1 Crozier Ct</del>	City <del>Oxford</del>	State <del>CT</del>	Zip Code <del>06478</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Lawyer</del>	Name of Employer <del>Self</del>		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 <del>\$50.00</del>		
Last Name <b>Skyers</b>	First Name <b>Eroll</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1047</b>	Amount of Contribution     <b>\$25.00</b>
Residential Street Address <b>1 Crozier Ct</b>	City <b>Oxford</b>	State <b>CT</b>	Zip Code <b>06478</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		



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**B. Itemized Contributions from Individuals**

Last Name <b>Costa</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1048</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>150 Beechwood Ave</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Architect</b>	Name of Employer <b>Fletcher Thompson</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del>Costa</del>	First Name <del>Joseph</del>	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 # <del>0031</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>150 Beechwood Ave</del>	City <del>Trumbull</del>	State <del>CT</del>	Zip Code <del>06611</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Architect</del>	Name of Employer <del>Fletcher Thompson</del>	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 <del>\$200.00</del>		
Last Name <del>Anastasi</del>	First Name <del>Mark</del>	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 # <del>0032</del>	Amount of Contribution     <del>\$50.00</del>
Residential Street Address <del>25 Sullivan Pl</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06610-1026</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Attorney</del>	Name of Employer <del>City of Bridgeport</del>	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 <del>\$100.00</del>		
Last Name <b>Anastasi</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1049</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>25 Sullivan Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610-1026</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>City of Bridgeport</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Curwen</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1050</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>119 Greystone Rd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610-1254</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del>Curwen</del>	First Name <del>Robert</del>	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 # <del>0033</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>119 Greystone Rd</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06610-1254</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Retired</del>	Name of Employer <del>None</del>		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 <del>\$200.00</del>		
Last Name <del>McClain</del>	First Name <del>Tyrone</del>	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 # <del>0034</del>	Amount of Contribution     <del>\$20.00</del>
Residential Street Address <del>2600 Park Ave Apt 9U</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06604-1303</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Dir. of Legislative Affairs</del>	Name of Employer <del>City of Bridgeport</del>		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 <del>\$40.00</del>		
Last Name <b>McClain</b>	First Name <b>Tyrone</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1051</b>	Amount of Contribution     <b>\$20.00</b>
Residential Street Address <b>2600 Park Ave Apt 9U</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604-1303</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Dir. of Legislative Affairs</b>	Name of Employer <b>City of Bridgeport</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		

# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Wood</b>	First Name <b>Adam</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1053</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>2600 France St</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Chief of Staff -- Mayor's Office</b>	Name of Employer <b>City of Bridgeport</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06162010a</b> <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 <b>\$100.00</b>		
Last Name <del>Wood</del>	First Name <del>Adam</del>	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 # <del>0036</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>2600 France St</del>	City <del>Rocky Hill</del>	State <del>CT</del>	Zip Code <del>06067</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Chief of Staff -- Mayor's Office</del>	Name of Employer <del>City of Bridgeport</del>		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 <del>\$200.00</del>		
Last Name <b>McCarthy</b>	First Name <b>Thomas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1046</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>135 Harlem Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Deputy Director of Labor Relations</b>	Name of Employer <b>City of Bridgeport</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06162010a</b> <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 <b>\$100.00</b>		
Last Name <del>McCarthy</del>	First Name <del>Thomas</del>	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 # <del>0029</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>135 Harlem Ave</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06606</del>	Date Received <del>06/19/2010</del>		
Principal Occupation <del>Deputy Director of Labor Relations</del>	Name of Employer <del>City of Bridgeport</del>		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 <del>\$200.00</del>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Graustein</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0011</b>	Amount of Contribution         <b>\$100.00</b>
Residential Street Address <b>250 Dyer St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>DiNardo</b>	First Name <b>Betty</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0037</b>	Amount of Contribution         <b>\$100.00</b>
Residential Street Address <b>1883 Fairfield Beach Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06162010a</b>				
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 <b>\$100.00</b>		
Last Name <b>DiNardo</b>	First Name <b>Salvatore</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1055</b>	Amount of Contribution         <b>\$100.00</b>
Residential Street Address <b>323 North Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Partner</b>	Name of Employer <b>Peter DiNardo Enterprises</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06162010a</b>				
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 <b>\$100.00</b>		
Last Name <b>DiNardo</b>	First Name <b>Leonard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1056</b>	Amount of Contribution         <b>\$100.00</b>
Residential Street Address <b>323 North Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Partner</b>	Name of Employer <b>Peter DiNardo Enterprises</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06162010a</b>				
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 <b>\$100.00</b>		

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**B. Itemized Contributions from Individuals**

Last Name <b>DiNardo</b>	First Name <b>Salvatore</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0039</b>	Amount of Contribution
Residential Street Address <b>323 North Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Partner</b>	Name of Employer <b>Peter DiNardo Enterprises</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00-</b>		
<b>\$100.00-</b>						
Last Name <b>DiNardo</b>	First Name <b>Leonard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0040</b>	Amount of Contribution
Residential Street Address <b>323 North Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Partner</b>	Name of Employer <b>Peter DiNardo Enterprises</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00-</b>		
<b>\$100.00-</b>						
Last Name <b>DiNardo</b>	First Name <b>Melissa</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0038</b>	Amount of Contribution
Residential Street Address <b>123 Governor Trumbull Way</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00-</b>		
<b>\$100.00-</b>						
Last Name <b>DiNardo</b>	First Name <b>Melissa</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1054</b>	Amount of Contribution
Residential Street Address <b>123 Governor Trumbull Way</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>	Date Received <b>06/19/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06162010a</b>			
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 <b>\$100.00</b>		
<b>\$100.00</b>						



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**B. Itemized Contributions from Individuals**

Last Name <b>Blank</b>	First Name <b>Terry</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0052</b>	Amount of Contribution     <b>\$25.00</b>
Residential Street Address <b>99 Gutzon Borglum Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Dentist</b>	Name of Employer <b>Self</b>		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 <b>\$25.00</b>		
Last Name <b>DiNardo</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1057</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>1883 Fairfield Beach Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Partner</b>	Name of Employer <b>Peter DiNardo Enterprises</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06162010a</b>			
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 <b>\$100.00</b>		
Last Name <del>DiNardo</del>	First Name <del>Peter</del>	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 # <del>0041</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>1883 Fairfield Beach Rd</del>	City <del>Fairfield</del>	State <del>CT</del>	Zip Code <del>06824</del>	Date Received <del>06/20/2010</del>		
Principal Occupation <del>Partner</del>	Name of Employer <del>Peter DiNardo Enterprises</del>		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 <del>\$200.00</del>		
Last Name <del>Foster</del>	First Name <del>Mary Jane</del>	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 # <del>0044</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>40 Anchorage Dr</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06605</del>	Date Received <del>06/20/2010</del>		
Principal Occupation <del>Admin.</del>	Name of Employer <del>University of Bridgeport</del>		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 <del>\$200.00</del>		

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**B. Itemized Contributions from Individuals**

Last Name <b>Foster</b>	First Name <b>Mary Jane</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1060</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>40 Anchorage Dr</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Admin.</b>	Name of Employer <b>University of Bridgeport</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Grogins</b>	First Name <b>Auden</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0043</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>155 Brewster St Apt 5L</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605-3111</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Grogins</b>	First Name <b>Auden</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1059</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>155 Brewster St Apt 5L</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605-3111</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Stone</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1061</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>12 Howard Pl</b>	City <b>Melville</b>	State <b>NY</b>	Zip Code <b>11747</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Real Estate Development Exec.</b>	Name of Employer <b>Bridgeport Landing Development</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		



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**B. Itemized Contributions from Individuals**

Last Name <b>Stone</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0045</b>	Amount of Contribution
Residential Street Address <b>12 Howard Pl</b>	City <b>Melville</b>	State <b>NY</b>	Zip Code <b>11747</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Real Estate Development Exec.</b>	Name of Employer <b>Bridgeport Landing Development</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00-</b>		
<b>\$50.00-</b>						
Last Name <b>Longo</b>	First Name <b>Audrey</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0048</b>	Amount of Contribution
Residential Street Address <b>154 Huntington St</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00-</b>		
<b>\$50.00-</b>						
Last Name <b>Longo</b>	First Name <b>Audrey</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1064</b>	Amount of Contribution
Residential Street Address <b>154 Huntington St</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06162010a</b>				
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 <b>\$50.00</b>		
<b>\$50.00</b>						
Last Name <b>Niedert</b>	First Name <b>Pamela</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0050</b>	Amount of Contribution
Residential Street Address <b>100 Songbird Ln</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
<b>\$25.00</b>						

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### B. Itemized Contributions from Individuals

Last Name Jepsen		First Name Rita J.		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0051	Amount of Contribution
Residential Street Address 400 Seabury Dr Apt 4148		City Bloomfield		State CT	Zip Code 06002		Date Received 06/20/2010	
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06052010a</u>			
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 Papandrea		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 # 0053	Amount of Contribution
Residential Street Address 31 Old Boston Post Rd			City Old Saybrook		State CT	Zip Code 06475	Date Received 06/20/2010	
Principal Occupation Manager			Name of Employer KBE Building Corp			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Warner		First Name Charles		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 # 0055	Amount of Contribution
Residential Street Address 121 Timberwood Rd		City Berlin		State CT	Zip Code 06037-2744		Date Received 06/20/2010	
Principal Occupation Registrar of Voters		Name of Employer Town of Berlin			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Uddin		First Name Naeem		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 # 0059	Amount of Contribution       \$100.00
Residential Street Address 25 Clock Shop Dr		City Berlin		State CT	Zip Code 06037	Date Received 06/20/2010		
Principal Occupation Owner		Name of Employer Berlin Convenience Store			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

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

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

Last Name <b>Lawrence</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0060</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>80 Fallview Dr</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Koczarski</b>	First Name <b>Danielle</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0062</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>38 Maple Tree Ave Unit 5</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06906</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>newberg</b>	First Name <b>cecile</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0061</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>1A Punch Bowl Dr</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2126</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>volunteer</b>	Name of Employer <b>none</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Salina</b>	First Name <b>Adam</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0057</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>95 Spicewood Ln</b>	City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037-2831</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Government Relations -- Federal</b>	Name of Employer <b>Kazak &amp; Salina</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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

Last Name <b>Heller</b>	First Name <b>Adam</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0046</b>	Amount of Contribution
Residential Street Address <b>116 Harlem Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606-4661</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>IT</b>	Name of Employer <b>City of Bridgeport</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00-</b>		
<b>\$10.00-</b>						
Last Name <b>Hoffman</b>	First Name <b>Maria</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0047</b>	Amount of Contribution
Residential Street Address <b>116 Harlem Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606-4661</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Executive Assistant</b>	Name of Employer <b>City of Bridgeport</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00-</b>		
<b>\$10.00-</b>						
Last Name <b>Heller</b>	First Name <b>Adam</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1062</b>	Amount of Contribution
Residential Street Address <b>116 Harlem Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606-4661</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>IT</b>	Name of Employer <b>City of Bridgeport</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06162010a</b>				
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 <b>\$10.00</b>		
<b>\$10.00</b>						
Last Name <b>Hoffman</b>	First Name <b>Maria</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1063</b>	Amount of Contribution
Residential Street Address <b>116 Harlem Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606-4661</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Executive Assistant</b>	Name of Employer <b>City of Bridgeport</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06162010a</b>				
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 <b>\$10.00</b>		
<b>\$10.00</b>						

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

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

Last Name <b>Kozak</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0058</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>31 Hunter's Rdg</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Government Relations</b>	Name of Employer <b>Kozak &amp; Salina</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>FAVROW</b>	First Name <b>MARK</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0578</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>5 Hillcrest Hts</b>	City <b>Lebanon</b>	State <b>CT</b>	Zip Code <b>06249-1413</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>SELF EMPLOYED</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>BROUILLET</b>	First Name <b>NANCY</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0557</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>5 Hillcrest Heights Dr</b>	City <b>Lebanon</b>	State <b>CT</b>	Zip Code <b>06249</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>STATE OF CONNECTICUT</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del>Marsilio</del>	First Name <del>John</del>	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 # <del>0042</del>	Amount of Contribution          <del>\$50.00</del>
Residential Street Address <del>596A Sioux Ln</del>	City <del>Stratford</del>	State <del>CT</del>	Zip Code <del>06611</del>	Date Received <del>06/20/2010</del>		
Principal Occupation <del>Director of Public Works</del>	Name of Employer <del>Town of Trumbull</del>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$100.00</del>		

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

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Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Marsilio</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1058</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>596A Sioux Ln</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06611</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Director of Public Works</b>	Name of Employer <b>Town of Trumbull</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06162010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>McHugh</b>	First Name <b>Sean</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0049</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>42 Oak Hill Ter</b>	City <b>Haddam</b>	State <b>CT</b>	Zip Code <b>06438</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Salina</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0056</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>167 Spicewood Ln</b>	City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>	Date Received <b>06/20/2010</b>		
Principal Occupation <b>Retired School Administrator</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Annes</b>	First Name <b>Eric</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0530</b>	Amount of Contribution     <b>\$5.00</b>
Residential Street Address <b>200 Thornton St</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517-1323</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Bershtein, Volpe &amp; Mckeon</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$5.00</b>		

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

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

Last Name Cooper		First Name Harriet		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 # 0546	Amount of Contribution
Residential Street Address 189 Ford Rd			City Woodbridge		State CT	Zip Code 06525	Date Received 06/21/2010	
Principal Occupation Real Estate Broker			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Scarborough	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0088	Amount of Contribution
Residential Street Address 30 Elmwood Ave	City Norwalk	State CT	Zip Code 06854	Date Received 06/21/2010		
Principal Occupation Acoustic Consultant	Name of Employer Akustiks, 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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
\$100.00						

Last Name Rudikoff		First Name Joel		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 # 0552	Amount of Contribution
Residential Street Address 31 Lancelot Dr			City North Haven		State CT	Zip Code 06473-1015		Date Received 06/21/2010
Principal Occupation Attorney			Name of Employer State of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Florin		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 # 0584	Amount of Contribution
Residential Street Address 26 Temple Ct			City New Haven		State CT	Zip Code 06511	Date Received 06/21/2010	
Principal Occupation Attorney			Name of Employer Yale University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$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 <b>Goodbody</b>	First Name <b>Katharine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0606</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>32 Marvel Rd</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? 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 <b>\$100.00</b>		
Last Name <b>Masheb</b>	First Name <b>Robin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0610</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>31 Lancelot Dr</b>	City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Psychologist</b>	Name of Employer <b>Yale University</b>	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 <b>\$100.00</b>		
Last Name <b>Bye</b>	First Name <b>Elizabeth</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0082</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>99 Outlook Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119-1432</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Legislator</b>	Name of Employer <b>State of Connecticut</b>	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 <b>\$50.00</b>		
Last Name <b>Geballe</b>	First Name <b>Shelley</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1099</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>19 Flying Point Rd</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405-5703</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>teacher</b>	Name of Employer <b>Yale University</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06182010a</b>				
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 <b>\$100.00</b>		



# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Geballe</b>	First Name <b>Gordon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1098</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>19 Flying Point Rd</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405-5703</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Associate Dean</b>	Name of Employer <b>Yale</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06182010a</b>		<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 <b>\$100.00</b>		
Last Name <del>Geballe</del>	First Name <del>Gordon</del>	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 # <del>0070</del>	Amount of Contribution  <del>\$100.00</del>
Residential Street Address <del>19 Flying Point Rd</del>	City <del>Branford</del>	State <del>CT</del>	Zip Code <del>06405-5703</del>	Date Received <del>06/21/2010</del>		
Principal Occupation <del>Associate Dean</del>	Name of Employer <del>Yale</del>	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 <del>\$200.00</del>		
Last Name <del>Geballe</del>	First Name <del>Shelley</del>	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 # <del>0071</del>	Amount of Contribution  <del>\$100.00</del>
Residential Street Address <del>19 Flying Point Rd</del>	City <del>Branford</del>	State <del>CT</del>	Zip Code <del>06405-5703</del>	Date Received <del>06/21/2010</del>		
Principal Occupation <del>teacher</del>	Name of Employer <del>Yale University</del>	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 <del>\$200.00</del>		
Last Name <b>Flatow</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0608</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>3 Thomas Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-4306</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? 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 <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Genga</b>	First Name <b>Henry</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0078</b>	Amount of Contribution     <b>\$25.00</b>
Residential Street Address <b>5 Elaine Dr</b>	City <b>East Hartford</b>	State <b>CT</b>	Zip Code <b>06118-3515</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>State Rep.</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Darling</b>	First Name <b>Alan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0076</b>	Amount of Contribution     <b>\$20.00</b>
Residential Street Address <b>27 Cherryfield Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107-3363</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Instructor/Tutor</b>	Name of Employer <b>Capital Community College</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Wegele</b>	First Name <b>Shannon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0083</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>39 Lilley Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119-1334</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Policy Aide</b>	Name of Employer <b>House Dems</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <del><b>Bernard</b></del>	First Name <del><b>David</b></del>	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 # <del><b>0063</b></del>	Amount of Contribution     <del><b>\$100.00</b></del>
Residential Street Address <del><b>59 North Racebrook Rd</b></del>	City <del><b>Woodbridge</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06505</b></del>	Date Received <del><b>06/21/2010</b></del>		
Principal Occupation <del><b>Attorney</b></del>	Name of Employer <del><b>Koskoff Koskoff &amp; Bieder</b></del>	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 <del><b>\$200.00</b></del>		

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

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## B. Itemized Contributions from Individuals

Last Name <b>Bernard</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1093</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>59 Noorth Racebrook Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06505</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Koskoff Koskoff &amp; Bieder</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06182010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Levine</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1094</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>8 Dillon Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Realtor</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06182010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <del>Levine</del>	First Name <del>Mark</del>	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 # <del>0065</del>	Amount of Contribution     <del>\$50.00</del>
Residential Street Address <del>8 Dillon Rd</del>	City <del>Woodbridge</del>	State <del>CT</del>	Zip Code <del>06525</del>	Date Received <del>06/21/2010</del>		
Principal Occupation <del>Realtor</del>	Name of Employer <del>Self</del>		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 <del>\$100.00</del>		
Last Name <del>Levine</del>	First Name <del>Sanford</del>	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 # <del>0066</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>61 Northrup Rd</del>	City <del>Woodbridge</del>	State <del>CT</del>	Zip Code <del>06525</del>	Date Received <del>06/21/2010</del>		
Principal Occupation <del>State Marshal</del>	Name of Employer <del>Self</del>		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 <del>\$200.00</del>		

# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Levine</b>	First Name <b>Sanford</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1095</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>61 Northrup Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>State Marshal</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06182010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Weiner</b>	First Name <b>Gerald</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1096</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>15 Bishop Dr</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525-2301</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Weinstein, Weiner Icna PC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06182010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del>Weiner</del>	First Name <del>Gerald</del>	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 # <del>0067</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>15 Bishop Dr</del>	City <del>Woodbridge</del>	State <del>CT</del>	Zip Code <del>06525-2301</del>	Date Received <del>06/21/2010</del>		
Principal Occupation <del>Lawyer</del>	Name of Employer <del>Weinstein, Weiner Icna PC</del>		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 <del>\$200.00</del>		
Last Name <b>Daly</b>	First Name <b>John</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0077</b>	Amount of Contribution     <b>\$20.00</b>
Residential Street Address <b>10 E Starkel Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-2436</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Law offices of John F. Daly III</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		

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

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

Last Name Conroy		First Name Theresa		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 177 Skokorat St		City Seymour		State CT	Zip Code 06483-3024		Date Received 06/21/2010	
Principal Occupation Legislator		Name of Employer State of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Gomes		First Name Edwin		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 243 Soundview Ave			City Bridgeport		State CT	Zip Code 06606-2530	Date Received 06/21/2010	
Principal Occupation State Senator			Name of Employer State of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Paroly		First Name Murry		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 # 0087	Amount of Contribution       \$5.00
Residential Street Address 22 Livingston Pl		City Greenwich		State CT	Zip Code 06830-5235		Date Received 06/21/2010	
Principal Occupation Marketing		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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00		

Last Name <b>Wirfel</b>		First Name <b>Kenneth</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0001</b>	Amount of Contribution
Residential Street Address <b>28 Minute Man Hl</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880-6522</b>		Date Received <b>06/21/2010</b>	
Principal Occupation <b>Attorney</b>		Name of Employer <b>Self</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <del>\$200.00</del>	\$100.00

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Wirfel</b>	First Name <b>Kenneth</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1018</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>28 Minute Man HI</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-6522</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Haberlandt</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0092</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>39 Concord St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>COWDERY, ECKER &amp; MURPHY, L.L.C.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05202010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Haberlandt</b>	First Name <b>Susan</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0093</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>34 Cherryfield Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Head of School</b>	Name of Employer <b>Prov. Country Day School</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>05202010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Skowronek</b>	First Name <b>Stephen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0072</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>168 Rimmon Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Professor</b>	Name of Employer <b>Yale University</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		

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**B. Itemized Contributions from Individuals**

Last Name <b>Jacobs</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0073</b>	Amount of Contribution
Residential Street Address <b>168 Rimmon Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
<b>\$100.00</b>						
Last Name <b>Skowronek</b>	First Name <b>Stephen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1100</b>	Amount of Contribution
Residential Street Address <b>168 Rimmon Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Professor</b>	Name of Employer <b>Yale University</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06182010a</b>				
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 <b>\$100.00</b>		
<b>\$100.00</b>						
Last Name <b>Jacobs</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1101</b>	Amount of Contribution
Residential Street Address <b>168 Rimmon Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06182010a</b>				
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 <b>\$100.00</b>		
<b>\$100.00</b>						
Last Name <b>Strong</b>	First Name <b>Selina</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0074</b>	Amount of Contribution
Residential Street Address <b>1185 Stillson Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
<b>\$100.00</b>						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Lawlor</b>	First Name <b>Michael</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0562</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>560 Silver Sands Rd Unit 412</b>	City <b>East Haven</b>	State <b>CT</b>	Zip Code <b>06512-4658</b>	Date Received <b>06/21/2010</b>	
Principal Occupation <b>Professor</b>	Name of Employer <b>University of New Haven</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Gilmore</b>	First Name <b>Thomas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0089</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>3 Hyer Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>06/21/2010</b>	
Principal Occupation <b>Insurance Sales</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>06052010a</b></u>			
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 <b>\$50.00</b>	
Last Name <b>Sheehy</b>	First Name <b>Edward</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0064</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Bunker Hill Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Jepsen</b>	First Name <b>George</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0085</b>	Amount of Contribution          <b><del>\$100.00</del></b>
Residential Street Address <b>31 Barnum Pl</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Date Received <b>06/21/2010</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>COWDERY, ECKER &amp; MURPHY, LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b><del>\$0.00</del></b>	



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**B. Itemized Contributions from Individuals**

Last Name <b>Paroly</b>	First Name <b>Jessica</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0086</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>22 Livingston Pl</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Retired Teacher</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		
Last Name <b>Ciarleglio</b>	First Name <b>Stephanie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1097</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>166 Center Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Town Clerk</b>	Name of Employer <b>Town of Woodbridge</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06182010a</b>			
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 <b>\$100.00</b>		
Last Name <del>Ciarleglio</del>	First Name <del>Stephanie</del>	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 # <del>0069</del>	Amount of Contribution          <del>\$100.00</del>
Residential Street Address <del>166 Center Rd</del>	City <del>Woodbridge</del>	State <del>CT</del>	Zip Code <del>06525</del>	Date Received <del>06/21/2010</del>		
Principal Occupation <del>Town Clerk</del>	Name of Employer <del>Town of Woodbridge</del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
Last Name <b>Weiner</b>	First Name <b>Tina</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0068</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>15 Bishop Dr</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Publisher</b>	Name of Employer <b>Yale</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Nardello</b>	First Name <b>Vittorina</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0080</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>8 Laurel Ln</b>	City <b>Prospect</b>	State <b>CT</b>	Zip Code <b>06712</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Legislator</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Fontana</b>	First Name <b>Steve</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0075</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>23 Angel Pl</b>	City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Title Examiner</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Wilson</b>	First Name <b>Tracey</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0081</b>	Amount of Contribution     <b>\$25.00</b>
Residential Street Address <b>99 Outlook Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>Town of Hartford</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Rinker</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0090</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>49 Hearthstone Dr</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>	Date Received <b>06/21/2010</b>		
Principal Occupation <b>Executive Director</b>	Name of Employer <b>CSEA SEIU Local 2001</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

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

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### B. Itemized Contributions from Individuals

Last Name Blackford		First Name Vivian		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 # 0095	Amount of Contribution
Residential Street Address 10 Hamburg Rd		City East Haddam		State CT	Zip Code 06423		Date Received 06/22/2010	
Principal Occupation Family Business Consultant		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Finn		First Name Vaughan		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 # 0094		Amount of Contribution	
Residential Street Address 54 Uplands Dr			City West Hartford			State CT	Zip Code 06107		Date Received 06/22/2010		
Principal Occupation Attorney			Name of Employer Shipman & Goodwin, LLP				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00

Last Name Griffin		First Name Timothy		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 # 0572	Amount of Contribution
Residential Street Address 26 Cherry Hill St		City Bellows Falls		State VT	Zip Code 05101-1305		Date Received 06/22/2010	
Principal Occupation Director Labor Relations		Name of Employer FirstGroup America			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 Crump		First Name Gary		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 # 0509	Amount of Contribution
Residential Street Address 11 Shailor Hill Rd		City Colchester		State CT	Zip Code 06415-2510		Date Received 06/22/2010	
Principal Occupation Winery		Name of Employer Priam Vineyards			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Walsh</b>	First Name <b>Julie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0522</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>18 Pent Rd</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002-1519</b>	Date Received <b>06/23/2010</b>		
Principal Occupation <b>College Professor</b>	Name of Employer <b>AIC College</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Walsh</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0539</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>18 Pent Rd</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002-1519</b>	Date Received <b>06/23/2010</b>		
Principal Occupation <b>Trial Attorney</b>	Name of Employer <b>Moukawsher &amp; Walsh</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Moukawsher</b>	First Name <b>Thomas</b>	MI <b>G</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0573</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1130 River Rd</b>	City <b>Mystic</b>	State <b>CT</b>	Zip Code <b>06355-1224</b>	Date Received <b>06/23/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Moukawsher &amp; Walsh, LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Gordon</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0593</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>104 Clapboard Hill Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-6325</b>	Date Received <b>06/23/2010</b>		
Principal Occupation <b>PR</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

Last Name <b>Archie</b>		First Name <b>Elam</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0527</b>	Amount of Contribution
Residential Street Address <b>38 Merriland Rd</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06903-1717</b>		Date Received <b>06/23/2010</b>	
Principal Occupation <b>Management Consulting</b>		Name of Employer <b>Self</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  <b>\$100.00</b>		
								<b>\$100.00</b>

Last Name <b>McClutchy</b>		First Name <b>Todd</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0542</b>	Amount of Contribution
Residential Street Address <b>25 Putnam Park</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830-5772</b>		Date Received <b>06/23/2010</b>	
Principal Occupation <b>Developer</b>		Name of Employer <b>The Richman Group</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  <b>\$100.00</b>		<b>\$100.00</b>

Last Name <b>Tyma</b>	First Name <b>Alan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0096</b>	Amount of Contribution
Residential Street Address <b>184 Ansonia Rd</b>	City <b>Woodbridge</b>		State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>06/23/2010</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Ryan &amp; Tyma</b>			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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions  <b>\$100.00</b>	
						<b>\$100.00</b>

Last Name Watson		First Name John		MI S	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 # 0591	Amount of Contribution
Residential Street Address 4117 San Carlos St		City Dallas		State TX	Zip Code 75205-2047	Date Received 06/23/2010		
Principal Occupation Banker		Name of Employer UBS			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		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Watson</b>	First Name <b>Kelly</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0582</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>4117 San Carlos St</b>	City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75205-2047</b>	Date Received <b>06/23/2010</b>			
Principal Occupation <b>homemaker</b>	Name of Employer <b>homemaker</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>McClutchy</b>	First Name <b>John</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0511</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>11 Molly Ln</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-2929</b>	Date Received <b>06/23/2010</b>			
Principal Occupation <b>Real Estate Developer</b>	Name of Employer <b>The JHM Group of Companies</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>McClutchy</b>	First Name <b>Janet</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0537</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>11 Molly Ln</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-2929</b>	Date Received <b>06/23/2010</b>			
Principal Occupation <b>Retired</b>	Name of Employer <b>The JHM Group of Companies</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Ramsey</b>	First Name <b>Anne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0574</b>	Amount of Contribution          <b>\$5.00</b>	
Residential Street Address <b>74 Sky View Cir</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06514-1523</b>	Date Received <b>06/23/2010</b>			
Principal Occupation <b>Unemployed</b>	Name of Employer <b>Unemployed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$5.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Hoopes</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0098</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>81 Juniper Ln</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Mayo Crone, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Musumeci</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1068</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>148 Kenyon St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>State Marshal</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222010a</b>			
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 <b>\$100.00</b>		
Last Name <del>Musumeci</del>	First Name <del>Joseph</del>	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 # <del>0102</del>	Amount of Contribution          <del>\$100.00</del>
Residential Street Address <del>148 Kenyon St</del>	City <del>Hartford</del>	State <del>CT</del>	Zip Code <del>06105</del>	Date Received <del>06/24/2010</del>		
Principal Occupation <del>State Marshal</del>	Name of Employer <del>Self</del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
Last Name <del>Brody</del>	First Name <del>Paul</del>	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 # <del>0099</del>	Amount of Contribution          <del>\$100.00</del>
Residential Street Address <del>205 Storrs Rd</del>	City <del>Mansfield Center</del>	State <del>CT</del>	Zip Code <del>06250</del>	Date Received <del>06/24/2010</del>		
Principal Occupation <del>VP</del>	Name of Employer <del>Mohegan Tribal Gaming Authority</del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Brody</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1065</b>	Amount of Contribution    <b>\$100.00</b>
Residential Street Address <b>205 Storrs Rd</b>	City <b>Mansfield Center</b>	State <b>CT</b>	Zip Code <b>06250</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>VP</b>	Name of Employer <b>Mohegan Tribal Gaming Authority</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Homicki</b>	First Name <b>Anthony</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0097</b>	Amount of Contribution    <b>\$100.00</b>
Residential Street Address <b>201 Cumberland Ave</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109-1603</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>Assessor</b>	Name of Employer <b>Town of Darien</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Shaw</b>	First Name <b>Jeff</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0524</b>	Amount of Contribution    <b>\$10.00</b>
Residential Street Address <b>28 Primrose Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825-2358</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>CGA</b>	Name of Employer <b>alpinejeff@aol.com</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		
Last Name <del>Malley</del>	First Name <del>William</del>	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 # <del>0101</del>	Amount of Contribution    <del>\$100.00</del>
Residential Street Address <del>290 Palisade Ave</del>	City <del>Windsor</del>	State <del>CT</del>	Zip Code <del>06095</del>	Date Received <del>06/24/2010</del>		
Principal Occupation <del>Lawyer</del>	Name of Employer <del>Self</del>		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 <del>\$200.00</del>		



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**B. Itemized Contributions from Individuals**

Last Name <b>Melley</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1067</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>290 Palisado Ave</b>	City <b>Windsor</b>	State <b>CT</b>	Zip Code <b>06095</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06222010a</b>		<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 <b>\$100.00</b>		
Last Name <b>Josephson</b>	First Name <b>Benjamin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1069</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>141 Blake St</b>	City <b>Newtonville</b>	State <b>MA</b>	Zip Code <b>02460</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>VP</b>	Name of Employer <b>O'Neill &amp; Associates</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06222010a</b>		<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 <b>\$100.00</b>		
Last Name <del>Josephson</del>	First Name <del>Benjamin</del>	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 # <del>0103</del>	Amount of Contribution  <del>\$100.00</del>
Residential Street Address <del>141 Blake St</del>	City <del>Newtonville</del>	State <del>MA</del>	Zip Code <del>02460</del>	Date Received <del>06/24/2010</del>		
Principal Occupation <del>VP</del>	Name of Employer <del>O'Neill &amp; Associates</del>	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 <del>\$200.00</del>		
Last Name <del>McQueen</del>	First Name <del>Patricia</del>	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 # <del>0104</del>	Amount of Contribution  <del>\$100.00</del>
Residential Street Address <del>28 Rundelane</del>	City <del>Bloomfield</del>	State <del>CT</del>	Zip Code <del>06002</del>	Date Received <del>06/24/2010</del>		
Principal Occupation <del>Public Relations Consultant</del>	Name of Employer <del>Self</del>	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 <del>\$200.00</del>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>McQueen</b>	First Name <b>Patricia</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1070</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>28 Rundelane</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>Public Relations Consultant</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del>O'Neill</del>	First Name <del>Colin</del>	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 # <del>0100</del>	Amount of Contribution  <del>\$25.00</del> <b>\$25.00</b>
Residential Street Address <del>109 Autumn St</del>	City <del>Manchester</del>	State <del>CT</del>	Zip Code <del>06040-5518</del>	Date Received <del>06/24/2010</del>		
Principal Occupation <del>Support Enforcement Officer</del>	Name of Employer <del>State of Connecticut -- Judicial</del>	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 <del>\$50.00</del> <b>\$25.00</b>		
Last Name <b>O'Neill</b>	First Name <b>Colin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1066</b>	Amount of Contribution  <b>\$25.00</b>
Residential Street Address <b>109 Autumn St</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040-5518</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>Support Enforcement Officer</b>	Name of Employer <b>State of Connecticut -- Judicial</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Roy</b>	First Name <b>Whitney</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0579</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>71 Central Ave</b>	City <b>Groton</b>	State <b>CT</b>	Zip Code <b>06340-5937</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>Home Maker</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>McAusher</b>	First Name <b>Edward</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0597</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>71 Central Ave</b>	City <b>Groton</b>	State <b>CT</b>	Zip Code <b>06340-5937</b>	Date Received <b>06/24/2010</b>			
Principal Occupation <b>Legal Assistant</b>	Name of Employer <b>Moukawsher &amp; Walsh LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Goode</b>	First Name <b>Burwell</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0564</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>32 Old Orchard Dr</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883-1309</b>	Date Received <b>06/24/2010</b>			
Principal Occupation <b>retired</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>Clark</b>	First Name <b>Marjorie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0561</b>	Amount of Contribution          <b>\$10.00</b>	
Residential Street Address <b>113 Dunn Rd</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06518-1504</b>	Date Received <b>06/24/2010</b>			
Principal Occupation <b>Web Designer</b>	Name of Employer <b>Little Fish Studios</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$10.00</b>
Last Name <b>Kashden</b>	First Name <b>Ron</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0535</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>305 Olmstead Hill Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-2108</b>	Date Received <b>06/24/2010</b>			
Principal Occupation <b>President - software company</b>	Name of Employer <b>TKS Solutions</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Weisenberg</b>	First Name <b>Saadia</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0565</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>79 Royce Rd</b>	City <b>Marlborough</b>	State <b>MA</b>	Zip Code <b>01752-2729</b>	Date Received <b>06/25/2010</b>			
Principal Occupation <b>Property Mgmt</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Fischer</b>	First Name <b>Sam</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0601</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>80 Baros St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-4140</b>	Date Received <b>06/25/2010</b>			
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Barber</b>	First Name <b>Kenneth</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1072</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>39 Daly Rd</b>	City <b>East Hampton</b>	State <b>CT</b>	Zip Code <b>06424</b>	Date Received <b>06/25/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Barber &amp; Roberts</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222010a</b>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <del>Barber</del>	First Name <del>Kenneth</del>	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 # <del>0106</del>	Amount of Contribution          <del>\$100.00</del>	
Residential Street Address <del>39 Daly Rd</del>	City <del>East Hampton</del>	State <del>CT</del>	Zip Code <del>06424</del>	Date Received <del>06/25/2010</del>			
Principal Occupation <del>Attorney</del>	Name of Employer <del>Barber &amp; Roberts</del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <del>\$200.00</del>

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

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**B. Itemized Contributions from Individuals**

Last Name <del>Cahill</del>	First Name <del>Philip</del>	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 # <del>0108</del>	Amount of Contribution
Residential Street Address <del>7 Fencove Ct</del>	City <del>Old Saybrook</del>	State <del>CT</del>	Zip Code <del>06475</del>	Date Received <del>06/25/2010</del>		
Principal Occupation <del>Executive</del>	Name of Employer <del>Mohegan Tribe</del>	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 <del>\$200.00</del>		
Last Name <b>Cahill</b>	First Name <b>Philip</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1074</b>	Amount of Contribution
Residential Street Address <b>7 Fencove Ct</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Executive</b>	Name of Employer <b>Mohegan Tribe</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 <b>\$100.00</b>		
Last Name <b>Loranger</b>	First Name <b>Heather</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1071</b>	Amount of Contribution
Residential Street Address <b>54 Stancliff Rd</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Century 21 Classic Homes</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 <b>\$100.00</b>		
Last Name <del>Loranger</del>	First Name <del>Heather</del>	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 # <del>0105</del>	Amount of Contribution
Residential Street Address <del>54 Stancliff Rd</del>	City <del>Glastonbury</del>	State <del>CT</del>	Zip Code <del>06033</del>	Date Received <del>06/25/2010</del>		
Principal Occupation <del>Real Estate</del>	Name of Employer <del>Century 21 Classic Homes</del>	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 <del>\$200.00</del>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Etes</b>	First Name <b>Mitchell</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0109</b>	Amount of Contribution
Residential Street Address <b>9 Joshua Valley Rd</b>	City <b>East Lyme</b>	State <b>CT</b>	Zip Code <b>06333</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>President &amp; CEO</b>	Name of Employer <b>Mohegan Sun</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
<b>\$100.00</b>						
Last Name <b>Etes</b>	First Name <b>Mitchell</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1075</b>	Amount of Contribution
Residential Street Address <b>9 Joshua Valley Rd</b>	City <b>East Lyme</b>	State <b>CT</b>	Zip Code <b>06333</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>President &amp; CEO</b>	Name of Employer <b>Mohegan Sun</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222010a</b>				
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 <b>\$100.00</b>		
<b>\$100.00</b>						
Last Name <b>Ljungquist</b>	First Name <b>Tammy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1078</b>	Amount of Contribution
Residential Street Address <b>53 Railroad Ave</b>	City <b>Beacon Falls</b>	State <b>CT</b>	Zip Code <b>06403</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Property Manager</b>	Name of Employer <b>Oakbridge Management</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06222010a</b>				
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 <b>\$100.00</b>		
<b>\$100.00</b>						
Last Name <b>Ljungquist</b>	First Name <b>Tammy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0112</b>	Amount of Contribution
Residential Street Address <b>53 Railroad Ave</b>	City <b>Beacon Falls</b>	State <b>CT</b>	Zip Code <b>06403</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Property Manager</b>	Name of Employer <b>Oakbridge Management</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
<b>\$100.00</b>						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Leckowicz</b>	First Name <b>Walter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0116</b>	Amount of Contribution
Residential Street Address <b>729 Prospect</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Dentist</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$400.00</b>		
<b>\$200.00</b>						
Last Name <b>Leckowicz</b>	First Name <b>Walter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1081</b>	Amount of Contribution
Residential Street Address <b>729 Prospect</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Dentist</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
<b>\$200.00</b>						
Last Name <b>Callahan</b>	First Name <b>Francis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0120</b>	Amount of Contribution
Residential Street Address <b>100 River Rd</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Property Manager</b>	Name of Employer <b>WC+F Real Estate &amp; Development Corp.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06232010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
<b>\$100.00</b>						
Last Name <b>Moore</b>	First Name <b>Timothy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0121</b>	Amount of Contribution
Residential Street Address <b>255 Shady Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Real Estate Appraisal</b>	Name of Employer <b>Bowley Moore Appraisal</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06232010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
<b>\$100.00</b>						



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

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

Last Name Donadeo		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 # 0122	Amount of Contribution
Residential Street Address 672 Cedar Grv			City Orange		State CT	Zip Code 06477		Date Received 06/25/2010
Principal Occupation Real Estate			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name <b>Shapiro</b>		First Name <b>Susan</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0124</b>	Amount of Contribution
Residential Street Address <b>480 Old Oaks Rd</b>		City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06825</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Appraiser</b>		Name of Employer <b>Bowley Moore Appraisal</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>06232010a</b></u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name Berger		First Name Ben		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0125		Amount of Contribution	
Residential Street Address 55 Mariner Way			City Wesley Hills			State NY	Zip Code 10952		Date Received 06/25/2010			
Principal Occupation Rabbi			Name of Employer Talmudic Institute of Connecticut				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00		

Last Name Fruchthandler		First Name Ephraim		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 # 0126	Amount of Contribution
Residential Street Address 1107 E 17th St			City Brooklyn		State NY	Zip Code 11230	Date Received 06/25/2010	
Principal Occupation Real Estate			Name of Employer Empire State Payroll Svc.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$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 Mintz	First Name Abraham	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 # 0127	Amount of Contribution
Residential Street Address 342 Midlock Rd	City Fairfield	State CT	Zip Code 06824	Date Received 06/25/2010		
Principal Occupation Doctor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <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 Epstein	First Name Helen	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 # 0128	Amount of Contribution
Residential Street Address 1400 E 18th St	City Brooklyn	State NY	Zip Code 11230	Date Received 06/25/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <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 Epstein	First Name Donneal	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 # 0129	Amount of Contribution
Residential Street Address 1400 E 18th St	City Brooklyn	State NY	Zip Code 11230	Date Received 06/25/2010		
Principal Occupation Rabbi	Name of Employer Union of Orthodox Rabbis	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <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 Epstein	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 # 0130	Amount of Contribution
Residential Street Address 20 Wits End	City New Hempstead	State NY	Zip Code 10977	Date Received 06/25/2010		
Principal Occupation Nutritionist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <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
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Epstein</b>	First Name <b>Reuven</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0131</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>20 Wits End</b>	City <b>New Hempstead</b>	State <b>NY</b>	Zip Code <b>10977</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06232010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Chiarelli</b>	First Name <b>Maria</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0117</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>2714 Whitney Ave</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06518</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Chiarelli Law Firm, LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06232010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del><b>Nesteriak</b></del>	First Name <del><b>Bryan</b></del>	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 # <del><b>0111</b></del>	Amount of Contribution     <del><b>\$100.00</b></del>
Residential Street Address <del><b>11 Chucta Rd</b></del>	City <del><b>Seymour</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06483</b></del>	Date Received <del><b>06/25/2010</b></del>		
Principal Occupation <del><b>Engineer</b></del>	Name of Employer <del><b>Oak Management</b></del>	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 <del><b>\$200.00</b></del>		
Last Name <b>Nesteriak</b>	First Name <b>Bryan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1077</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>11 Chucta Rd</b>	City <b>Seymour</b>	State <b>CT</b>	Zip Code <b>06483</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Engineer</b>	Name of Employer <b>Oak Management</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Woods</b>	First Name <b>Helga</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1076</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>14 Hill Rd</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Mohegan Tribe</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del>Woods</del>	First Name <del>Helga</del>	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 # <del>0110</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>14 Hill Rd</del>	City <del>Old Saybrook</del>	State <del>CT</del>	Zip Code <del>06475</del>	Date Received <del>06/25/2010</del>		
Principal Occupation <del>Attorney</del>	Name of Employer <del>Mohegan Tribe</del>	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 <del>\$200.00</del>		
Last Name <b>Valentino</b>	First Name <b>Charles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0119</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>76 Waverly Pl</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>State Marshall</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06232010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>McBride</b>	First Name <b>Ryan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1073</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>27 Red Rock Cir</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>IOLDP -- Participant</b>	Name of Employer <b>Travelers Insurance</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

# I. MONETARY RECEIPTS (Section A-I)

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

Last Name <b>McBride</b>	First Name <b>Ryan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0107</b>	Amount of Contribution
Residential Street Address <b>27 Red Rock Cir</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>IOLDP Participant</b>	Name of Employer <b>Travelers Insurance</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
<b>\$100.00</b>						
Last Name <b>Bunnell</b>	First Name <b>Eva</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0114</b>	Amount of Contribution
Residential Street Address <b>496 Town St</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Homemaker</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
<b>\$100.00</b>						
Last Name <b>Bunnell</b>	First Name <b>Charles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0115</b>	Amount of Contribution
Residential Street Address <b>496 Town St</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Chief of Staff</b>	Name of Employer <b>Mohegan Tribe</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
<b>\$100.00</b>						
Last Name <b>Bunnell</b>	First Name <b>Eva</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1079</b>	Amount of Contribution
Residential Street Address <b>496 Town St</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Homemaker</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
<b>\$100.00</b>						

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

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

Last Name <b>Bunnell</b>	First Name <b>Charles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1080</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>496 Town St</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Chief of Staff</b>	Name of Employer <b>Mohegan Tribe</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06222010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Ambrosey</b>	First Name <b>Leon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0123</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>464 Hammertown Rd</b>	City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Owner</b>	Name of Employer <b>Cross Hill Citgo</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06232010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Epstein</b>	First Name <b>Anne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0135</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>245 Wilson St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Adelman Law Office</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06232010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Epstein</b>	First Name <b>Roslyn</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0132</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>462 Westfield Ave</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06232010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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**B. Itemized Contributions from Individuals**

Last Name Epstein	First Name Mosha	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 # 0133	Amount of Contribution
Residential Street Address 462 Westfield Ave	City Bridgeport	State CT	Zip Code 06606	Date Received 06/25/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <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 Epstein	First Name Juda	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 # 0134	Amount of Contribution
Residential Street Address 462 Westfield Ave	City Bridgeport	State CT	Zip Code 06606	Date Received 06/25/2010		
Principal Occupation Attorney	Name of Employer Law Offices of Juda J. Epstein	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <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 Ventura	First Name Dan	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 # 0118	Amount of Contribution
Residential Street Address 3543 Main St	City Bridgeport	State CT	Zip Code 06606	Date Received 06/25/2010		
Principal Occupation Office Manager	Name of Employer Law Offices of Juda J. Epstein	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06232010a</u> <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 Cowden	First Name Edward	MI S	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 # 0829	Amount of Contribution
Residential Street Address 3 Laurel Ln	City Westport	State CT	Zip Code 06880-4914	Date Received 06/27/2010		
Principal Occupation IT Consultant	Name of Employer Intrasphere Technologies, Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
\$10.00						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Marla</b>	First Name <b>Cowden</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0908</b>	Amount of Contribution          <b>\$10.00</b>	
Residential Street Address <b>3 Laurel Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-4914</b>	Date Received <b>06/27/2010</b>			
Principal Occupation <b>Registrar of Voters</b>	Name of Employer <b>Town of Westport/CT Voters</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$10.00</b>
Last Name <b>Cappiali</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0631</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>28 Hartford Ave</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830-5935</b>	Date Received <b>06/27/2010</b>			
Principal Occupation <b>Sales</b>	Name of Employer <b>Empire Mercanhts Llc</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Aaron</b>	First Name <b>Bayer</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0632</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>215 Mountain Rd</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033-1512</b>	Date Received <b>06/28/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Wiggin and Dana</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Burnham</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0634</b>	Amount of Contribution          <b>\$10.00</b>	
Residential Street Address <b>239 Thunder Lake Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-1338</b>	Date Received <b>06/28/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Rucci, Burnham Casta &amp; Currello LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$10.00</b>







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

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**B. Itemized Contributions from Individuals**

Last Name <b>Heft</b>	First Name <b>Martin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0637</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>38 W Main St</b>	City <b>Chester</b>	State <b>CT</b>	Zip Code <b>06412</b>	Date Received <b>06/28/2010</b>		
Principal Occupation <b>Executive Assistant</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Moukawsher</b>	First Name <b>Paul</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0838</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>425 Benjamin Dr</b>	City <b>Vernon Hills</b>	State <b>IL</b>	Zip Code <b>60061-1581</b>	Date Received <b>06/28/2010</b>		
Principal Occupation <b>Demand Planner</b>	Name of Employer <b>Kraft Foods</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Atkins</b>	First Name <b>David</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0852</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>3 Valley Field Rd S</b>	City <b>Sandy Hook</b>	State <b>CT</b>	Zip Code <b>06482-1093</b>	Date Received <b>06/28/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Pullman &amp; Comley LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Seligman</b>	First Name <b>Steven</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0871</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>381 Simsbury Rd</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002-2217</b>	Date Received <b>06/28/2010</b>		
Principal Occupation <b>lawyer</b>	Name of Employer <b>Katz &amp; Seligman</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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**B. Itemized Contributions from Individuals**

Last Name <b>Arrando</b>	First Name <b>Angelo</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0873</b>	Amount of Contribution          <b>\$75.00</b>	
Residential Street Address <b>85 Great Plain Rd</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811-3927</b>		Date Received <b>06/28/2010</b>
Principal Occupation <b>Clergy</b>		Name of Employer <b>self-employed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$75.00</b>
Last Name <b>Taborsak</b>	First Name <b>Julia</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0897</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>2 Docs Way</b>		City <b>New Milford</b>		State <b>CT</b>	Zip Code <b>06776-2375</b>		Date Received <b>06/28/2010</b>
Principal Occupation <b>Teacher</b>		Name of Employer <b>New Milford Board of Education</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>Consoli</b>	First Name <b>Mary</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0639</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>42 Tamanny Trl</b>		City <b>Danbury</b>		State <b>CT</b>	Zip Code <b>06811</b>		Date Received <b>06/28/2010</b>
Principal Occupation <b>President</b>		Name of Employer <b>Danbury Nurses Union</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>Bartles</b>	First Name <b>Thaddeus</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0633</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>266 Scott Swamp Rd</b>		City <b>Farmington</b>		State <b>CT</b>	Zip Code <b>06032</b>		Date Received <b>06/28/2010</b>
Principal Occupation <b>Optometrist</b>		Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

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### B. Itemized Contributions from Individuals

Last Name Edgar		First Name Kenneth		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0640	Amount of Contribution
Residential Street Address 6 Wedges Fld			City Weston		State CT	Zip Code 06883		Date Received 06/28/2010		
Principal Occupation Information Requested			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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	

Last Name Bourns		First Name Courtney		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 # 0843	Amount of Contribution
Residential Street Address 24 Saddle Ridge Dr			City West Hartford		State CT	Zip Code 06117-2330	Date Received 06/28/2010	
Principal Occupation Attorney			Name of Employer Berman, Bourns, Aaron, & Dembo, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Isidro		First Name Lucas		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 # 0870	Amount of Contribution
Residential Street Address 46 Breezemont Ave		City Riverside		State CT	Zip Code 06878-1711		Date Received 06/28/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Lamont		First Name Edward		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 # 0832	Amount of Contribution
Residential Street Address 4 Ashton Dr		City Greenwich		State CT	Zip Code 06831-3762		Date Received 06/28/2010	
Principal Occupation Chairman		Name of Employer Lamont Digital Systems, Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

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

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### B. Itemized Contributions from Individuals

Last Name <b>Hoffstatter</b>		First Name <b>Edward</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0675</b>	Amount of Contribution
Residential Street Address <b>201 Deer Run Rd</b>			City <b>Wilton</b>		State <b>CT</b>	Zip Code <b>06897-1211</b>	Date Received <b>06/29/2010</b>	
Principal Occupation <b>Teacher</b>			Name of Employer <b>Wilton Public Schools</b>			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u><b>06272010a</b></u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  <b>\$25.00</b>	<b>\$25.00</b>

Last Name Goncalves		First Name Gary		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 # 0691	Amount of Contribution
Residential Street Address 55 Lawrence Ave		City Danbury		State CT	Zip Code 06810	Date Received 06/29/2010		
Principal Occupation Energy Supplier		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Mullarkey		First Name James		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 # 0911	Amount of Contribution
Residential Street Address 105 Bloomfield Ave		City Hartford		State CT	Zip Code 06105-1007	Date Received 06/29/2010		
Principal Occupation VP		Name of Employer Ticket Network			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Boehm		First Name Suzan		MI K	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 # 0879	Amount of Contribution
Residential Street Address 17 Wallacks Ln			City Stamford		State CT	Zip Code 06902-7126		Date Received 06/29/2010
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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Boehm</b>	First Name <b>Lincoln</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0909</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>17 Wallacks Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-7126</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$100.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <del>Willis</del>	First Name <del>Kerri</del>	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 # <del>0648</del>	Amount of Contribution          <del>\$50.00</del>
Residential Street Address <del>77 Palmer Martin Rd</del>	City <del>East Haddam</del>	State <del>CT</del>	Zip Code <del>06423-1352</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>Lawyer</del>	Name of Employer <del>UTC</del>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <del>\$100.00</del>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <del>Budzik</del>	First Name <del>Matthew</del>	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 # <del>0649</del>	Amount of Contribution          <del>\$50.00</del>
Residential Street Address <del>77 Palmer Martin Rd</del>	City <del>East Haddam</del>	State <del>CT</del>	Zip Code <del>06423-1352</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>Attorney</del>	Name of Employer <del>State of Connecticut</del>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <del>\$100.00</del>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>Willis</b>	First Name <b>Kerri</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1084</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>77 Palmer Martin Rd</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423-1352</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>UTC</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$50.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Budzik</b>	First Name <b>Matthew</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1085</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>77 Palmer Martin Rd</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423-1352</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06262010b</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Garfunkel</b>	First Name <b>Andrew</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0665</b>	Amount of Contribution     <b>\$25.00</b>
Residential Street Address <b>41 Beau St</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06850-2410</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Town Clerk</b>	Name of Employer <b>Town of Norwalk</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <del>Cohen</del>	First Name <del>Marvin</del>	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 # <del>0697</del>	Amount of Contribution     <del>\$25.00</del>
Residential Street Address <del>1 Elderberry Ln</del>	City <del>Ridgefield</del>	State <del>CT</del>	Zip Code <del>06877</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$50.00</del>		
Last Name <b>Hume</b>	First Name <b>Jean</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0699</b>	Amount of Contribution     <del>\$25.00</del>
Residential Street Address <del>1 Elderberry Ln</del>	City <del>Ridgefield</del>	State <del>CT</del>	Zip Code <del>06877</del>	Date Received <b>06/29/2010</b>		
Principal Occupation <del>Librarian</del>	Name of Employer <b>Westport Public Library</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$50.00</del>		



# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Cohen</b>	First Name <b>Marvin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1023</b>	Amount of Contribution  <b>\$25.00</b>
Residential Street Address <b>1 Elderberry Ln</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Hume</b>	First Name <b>Joan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1025</b>	Amount of Contribution  <b>\$25.00</b>
Residential Street Address <b>1 Elderberry Ln</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Librarian</b>	Name of Employer <b>Westport Public Library</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Coster</b>	First Name <b>Doris</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1089</b>	Amount of Contribution  <b>\$25.00</b>
Residential Street Address <b>123 River Rd</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010b</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <del>Coster</del>	First Name <del>Doris</del>	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 # <del>0653</del>	Amount of Contribution  <del>\$25.00</del>
Residential Street Address <del>123 River Rd</del>	City <del>East Haddam</del>	State <del>CT</del>	Zip Code <del>06423</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>Retired</del>	Name of Employer <del>None</del>	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 <del>\$50.00</del>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Ryder-Munet</b>	First Name <b>Linda</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0652</b>	Amount of Contribution
Residential Street Address <b>41 Lookout Dr</b>	City <b>Colchester</b>	State <b>CT</b>	Zip Code <b>06415-5120</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Psychotherapist</b>	Name of Employer <b>Self</b>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<del>\$50.00</del> <b>\$25.00</b>		
Last Name <b>Ryder-Munet</b>	First Name <b>Linda</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1088</b>	Amount of Contribution
Residential Street Address <b>41 Lookout Dr</b>	City <b>Colchester</b>	State <b>CT</b>	Zip Code <b>06415-5120</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Psychotherapist</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$25.00</b> <b>\$25.00</b>		
Last Name <b>DaSilva</b>	First Name <b>Linda</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0681</b>	Amount of Contribution
Residential Street Address <b>157 Kohanza St</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06811-4409</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$50.00</b> <b>\$50.00</b>		
Last Name <b>Taborsak</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0682</b>	Amount of Contribution
Residential Street Address <b>37 Clearview Ave</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06811-3332</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>State Rep.</b>	Name of Employer <b>State of Connecticut</b>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$100.00</b> <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Boerst</b>	First Name <b>Claudia</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0657</b>	Amount of Contribution     <b>\$10.00</b>
Residential Street Address <b>25 Eversley Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Clown</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <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 <b>\$10.00</b>		
Last Name <b>Taborsak</b>	First Name <b>Kelly</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0684</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>37 Clearview Ave</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06811</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Planner/Customer Support</b>	Name of Employer <b>HSML Lithography</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Duleep</b>	First Name <b>Annapurma</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0669</b>	Amount of Contribution     <b>\$5.00</b>
Residential Street Address <b>3 Briarwood Rd</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06850-1206</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>Self (d/b/a Duleep Educational Coaching)</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <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 <b>\$5.00</b>		
Last Name <b>Eppinger</b>	First Name <b>Dianne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0690</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>3 Fox Den Rd</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06811-3424</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Eichbaum</b>	First Name <b>June</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1032</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>28 Minute Man Hl</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$50.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>Ide</b>	First Name <b>Joel</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1086</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>324 Town St</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Contracts Admin</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$100.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <del>Ide</del>	First Name <del>Joel</del>	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 # <del>0650</del>	Amount of Contribution     <del>\$100.00</del>
Residential Street Address <del>324 Town St</del>	City <del>East Haddam</del>	State <del>CT</del>	Zip Code <del>06423</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>Contracts Admin</del>	Name of Employer <del>State of Connecticut</del>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <del>\$200.00</del>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name <b>DaSilva</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0680</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>157 Kohanza St</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06811</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$50.00</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Karr</b>	First Name <b>John</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0676</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>191 Smith Ridge Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Partner</b>	Name of Employer <b>Ernst &amp; Young, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Gibbs</b>	First Name <b>Elizabeth</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0663</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>32 Allen Rd</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Collins</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0664</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>32 Allen Rd</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Writer</b>	Name of Employer <b>Institute for Policy Studies</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Marcus</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1026</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>15 Oakwood Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Marcus</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0700</b>	Amount of Contribution
Residential Street Address <b>15 Oakwood Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00-</b>		
<b>\$100.00-</b>						
Last Name <b>Hamilton</b>	First Name <b>Taber</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0661</b>	Amount of Contribution
Residential Street Address <b>5 Overlook Rd</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Sales</b>	Name of Employer <b>Film Sodi</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010a</b>				
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 <b>\$5.00</b>		
<b>\$5.00</b>						
Last Name <b>Francœur</b>	First Name <b>Luisa</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0696</b>	Amount of Contribution
Residential Street Address <b>5 Nutmeg Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00-</b>		
<b>\$50.00-</b>						
Last Name <b>Francœur</b>	First Name <b>Luisa</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1022</b>	Amount of Contribution
Residential Street Address <b>5 Nutmeg Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>				
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 <b>\$50.00</b>		
<b>\$50.00</b>						

# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Bram</b>	First Name <b>Jessica</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1021</b>	Amount of Contribution  <b>\$100.00</b>
Residential Street Address <b>32 Webb Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Writer/Teacher</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del>Bram</del>	First Name <del>Jessica</del>	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 # <del>0695</del>	Amount of Contribution  <del>\$100.00</del>
Residential Street Address <del>32 Webb Rd</del>	City <del>Westport</del>	State <del>CT</del>	Zip Code <del>06880</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>Writer/Teacher</del>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
Last Name <b>Mobilia</b>	First Name <b>Anthony</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0662</b>	Amount of Contribution  <b>\$20.00</b>
Residential Street Address <b>47 Allen Rd</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06851</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Bloom</b>	First Name <b>Anne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0667</b>	Amount of Contribution  <b>\$10.00</b>
Residential Street Address <b>5 Fifth St</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06855</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Office Manager</b>	Name of Employer <b>Select Plastics, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		



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**B. Itemized Contributions from Individuals**

Last Name <b>Taborsak</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0685</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>110 Hayestown Rd</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired Teacher</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Farrow</b>	First Name <b>Charles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1092</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1 Cold Spring Rd</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010b</b>				
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 <b>\$100.00</b>		
Last Name <del>Farrow</del>	First Name <del>Charles</del>	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 # <del>0656</del>	Amount of Contribution          <del>\$100.00</del>
Residential Street Address <del>1 Cold Spring Rd</del>	City <del>East Haddam</del>	State <del>CT</del>	Zip Code <del>06423</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>Retired</del>	Name of Employer <del>None</del>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$200.00</del>		
Last Name <b>Sturges</b>	First Name <b>Jean</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0851</b>	Amount of Contribution          <b>\$40.00</b>
Residential Street Address <b>12 Ermine St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-5109</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Accountant</b>	Name of Employer <b>Retired</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$40.00</b>		

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

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### B. Itemized Contributions from Individuals

Last Name Ogden		First Name Robert		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0863		Amount of Contribution	
Residential Street Address 8 Sleepy Hollow Dr			City Danbury		State CT	Zip Code 06810-5360		Date Received 06/29/2010				
Principal Occupation Retired			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00				

Last Name May		First Name Lyn		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 # 0844	Amount of Contribution
Residential Street Address 25 Beebe Rd			City East Haddam		State CT	Zip Code 06423-1011		Date Received 06/29/2010
Principal Occupation Communications			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	

Last Name DaSilva		First Name Joseph		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 # 0845	Amount of Contribution
Residential Street Address 17 Mountainville Ave		City Danbury		State CT	Zip Code 06810-7931		Date Received 06/29/2010	
Principal Occupation Attorney		Name of Employer DePanfilis & Vallerie LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Moukawsher		First Name Elizabeth		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 # 0846	Amount of Contribution
Residential Street Address 328 Mitchell St		City Groton		State CT	Zip Code 06340-4435		Date Received 06/29/2010	
Principal Occupation Town Clerk		Name of Employer Town of Groton			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Alt</b>	First Name <b>Laurie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0651</b>	Amount of Contribution
Residential Street Address <b>241 E Shore Dr</b>	City <b>Colchester</b>	State <b>CT</b>	Zip Code <b>06415</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Registrar of Voters</b>	Name of Employer <b>Town of East Haddam</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00-</b>		
<b>\$25.00-</b>						
Last Name <b>Alt</b>	First Name <b>Laurie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1087</b>	Amount of Contribution
Residential Street Address <b>241 E Shore Dr</b>	City <b>Colchester</b>	State <b>CT</b>	Zip Code <b>06415</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Registrar of Voters</b>	Name of Employer <b>Town of East Haddam</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010b</b>			
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 <b>\$25.00</b>		
<b>\$25.00</b>						
Last Name <b>Beinfeld</b>	First Name <b>Marjorie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1029</b>	Amount of Contribution
Residential Street Address <b>61 Cross Hwy</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>			
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 <b>\$25.00</b>		
<b>\$25.00</b>						
Last Name <b>Beinfeld</b>	First Name <b>Marjorie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0704</b>	Amount of Contribution
Residential Street Address <b>61 Cross Hwy</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00-</b>		
<b>\$25.00-</b>						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Parker</b>	First Name <b>Bradley</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0646</b>	Amount of Contribution
Residential Street Address <b>318 Town St</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423-1428</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Realtor</b>	Name of Employer <b>Self</b>	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 <del>\$60.00</del>		
<b>\$30.00</b>						
Last Name <b>Parker</b>	First Name <b>Bradley</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1082</b>	Amount of Contribution
Residential Street Address <b>318 Town St</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423-1428</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Realtor</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06272010b</b>				
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 <b>\$30.00</b>		
<b>\$30.00</b>						
Last Name <b>Sharr</b>	First Name <b>Sandra</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1083</b>	Amount of Contribution
Residential Street Address <b>91 Cypress Rd</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06272010b</b>				
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 <b>\$50.00</b>		
<b>\$50.00</b>						
Last Name <b>Sharr</b>	First Name <b>Sandra</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0647</b>	Amount of Contribution
Residential Street Address <b>91 Cypress Rd</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>State of Connecticut</b>	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 <del>\$100.00</del>		
<b>\$50.00</b>						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Govert</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0654</b>	Amount of Contribution
Residential Street Address <b>24 Cedar Meadow Rd</b>	City <b>Moodus</b>	State <b>CT</b>	Zip Code <b>06469-1154</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>Franklin Academy</b>		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 <b>\$30.00</b>		
<b>\$15.00</b>						
Last Name <b>Govert</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1090</b>	Amount of Contribution
Residential Street Address <b>24 Cedar Meadow Rd</b>	City <b>Moodus</b>	State <b>CT</b>	Zip Code <b>06469-1154</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>Franklin Academy</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06272010b</b>			
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 <b>\$15.00</b>		
<b>\$15.00</b>						
Last Name <b>Armond</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1091</b>	Amount of Contribution
Residential Street Address <b>168 Mountain Archer Rd</b>	City <b>Lyme</b>	State <b>CT</b>	Zip Code <b>06371</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06272010b</b>			
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 <b>\$100.00</b>		
<b>\$100.00</b>						
Last Name <b>Armond</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0655</b>	Amount of Contribution
Residential Street Address <b>168 Mountain Archer Rd</b>	City <b>Lyme</b>	State <b>CT</b>	Zip Code <b>06371</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		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 <b>\$200.00</b>		
<b>\$100.00</b>						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Atkin</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0658</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>122 Silvermine Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06850-2033</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Marketer</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Robert</b>	First Name <b>John</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0659</b>	Amount of Contribution          <b>\$40.00</b>
Residential Street Address <b>8 Ferris Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Programmer</b>	Name of Employer <b>General Reinsurance</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$40.00</b>		
Last Name <b>Frank</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0660</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>15 E Meadow Ln</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Jaeger</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0666</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>10 Prospect Ave Unit 6</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06850-3227</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Banker</b>	Name of Employer <b>People's United Bank</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Ferreira</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0677</b>	Amount of Contribution     <b>\$75.00</b>
Residential Street Address <b>27 Birch Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Investor</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$75.00</b>		
Last Name <b>Tower</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0678</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>27 Stephanie Dr</b>	City <b>New Milford</b>	State <b>CT</b>	Zip Code <b>06776</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Cramer &amp; Anderson LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Saadi</b>	First Name <b>Thomas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0679</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>24 Tobins Ct</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810-7090</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Barabas</b>	First Name <b>Jennifer</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0683</b>	Amount of Contribution     <b>\$20.00</b>
Residential Street Address <b>37 Griffing Ave</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Paralegal</b>	Name of Employer <b>Riefberg, Smart, Donohue &amp; Negame</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Smart</b>	First Name <b>Steven</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0688</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>9 Edna Ct</b>	City <b>Brookfield</b>	State <b>CT</b>	Zip Code <b>06804-3704</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Riefberg, Smart, Donohue &amp; Negame</b>		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 <b>\$100.00</b>		
Last Name <b>Eriquez</b>	First Name <b>Gene</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0689</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>78 Starrs Plain Rd</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810-8335</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Vice President</b>	Name of Employer <b>Union Savings Bank</b>		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 <b>\$100.00</b>		
Last Name <del>Doran</del>	First Name <del>Deirdre</del>	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 # <del>0693</del>	Amount of Contribution          <del>\$25.00</del>
Residential Street Address <del>242 Weston Rd</del>	City <del>Weston</del>	State <del>CT</del>	Zip Code <del>06883-2124</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>Teacher</del>	Name of Employer <del>Self</del>		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 <del>\$50.00</del>		
Last Name <b>Doran</b>	First Name <b>Deirdre</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1019</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>242 Weston Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883-2124</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06272010c</b>			
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 <b>\$25.00</b>		

# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Voris</b>	First Name <b>Patricia</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1020</b>	Amount of Contribution     <b>\$10.00</b>
Residential Street Address <b>48 North Ave</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-2718</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		
Last Name <del>Voris</del>	First Name <del>Patricia</del>	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 # <del>0694</del>	Amount of Contribution     <del>\$10.00</del>
Residential Street Address <del>48 North Ave</del>	City <del>Westport</del>	State <del>CT</del>	Zip Code <del>06880-2718</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>None</del>	Name of Employer <del>None</del>		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 <del>\$20.00</del>		
Last Name <del>Gluckman</del>	First Name <del>Carol</del>	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 # <del>0698</del>	Amount of Contribution     <del>\$25.00</del>
Residential Street Address <del>31 Greanlea Ln</del>	City <del>Westport</del>	State <del>CT</del>	Zip Code <del>06880</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>None</del>	Name of Employer <del>None</del>		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 <del>\$50.00</del>		
Last Name <b>Gluckman</b>	First Name <b>Carol</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1024</b>	Amount of Contribution     <b>\$25.00</b>
Residential Street Address <b>31 Greanlea Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		

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

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

Last Name <b>Mioli</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1027</b>	Amount of Contribution    <b>\$100.00</b>
Residential Street Address <b>90 Main St Unit 6</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-3411</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>State Rep.</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del>Mioli</del>	First Name <del>Joseph</del>	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 # <del>0701</del>	Amount of Contribution    <del>\$100.00</del>
Residential Street Address <del>90 Main St Unit 6</del>	City <del>Westport</del>	State <del>CT</del>	Zip Code <del>06880-3411</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <del>State Rep.</del>	Name of Employer <del>State of Connecticut</del>		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 <del>\$200.00</del>		
Last Name <b>Schwartz</b>	First Name <b>M.B.</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <del>0702</del>	Amount of Contribution    <del>\$50.00</del>
Residential Street Address <del>3 Crestwood Rd</del>	City <del>Westport</del>	State <del>CT</del>	Zip Code <del>06880</del>	Date Received <del>06/29/2010</del>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del>\$100.00</del>		
Last Name <b>Schwartz</b>	First Name <b>M.B.</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1028</b>	Amount of Contribution    <b>\$50.00</b>
Residential Street Address <b>3 Crestwood Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

# I. MONETARY RECEIPTS (Section A-I)

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## B. Itemized Contributions from Individuals

Last Name <b>Ross Beres</b>	First Name <b>Jill</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0703</b>	Amount of Contribution     <b>\$25.00</b>	
Residential Street Address <b>5 Sprucewood Ln</b>		City <b>Westport</b>		State <b>CT</b>	Zip Code <b>06880</b>		Date Received <b>06/29/2010</b>
Principal Occupation <b>None</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <del>Ford</del>	First Name <del>Marilyn</del>	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 # <del>0705</del>	Amount of Contribution     <del>\$100.00</del>	
Residential Street Address <del>162 Hoyt Farm Rd</del>		City <del>New Canaan</del>		State <del>CT</del>	Zip Code <del>06840</del>		Date Received <del>06/29/2010</del>
Principal Occupation <del>Law Professor</del>		Name of Employer <del>Quinnipiac</del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <del>\$200.00</del>
Last Name <b>Ford</b>	First Name <b>Marilyn</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1030</b>	Amount of Contribution     <b>\$100.00</b>	
Residential Street Address <b>162 Hoyt Farm Rd</b>		City <b>New Canaan</b>		State <b>CT</b>	Zip Code <b>06840</b>		Date Received <b>06/29/2010</b>
Principal Occupation <b>Law Professor</b>		Name of Employer <b>Quinnipiac</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Wertheim</b>	First Name <b>Marion</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1031</b>	Amount of Contribution     <b>\$100.00</b>	
Residential Street Address <b>1216 Meadow Rdg</b>		City <b>Redding</b>		State <b>CT</b>	Zip Code <b>06896</b>		Date Received <b>06/29/2010</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Wertheim</b>	First Name <b>Marion</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0706</b>	Amount of Contribution
Residential Street Address <b>1216 Meadow Rdg</b>	City <b>Redding</b>	State <b>CT</b>	Zip Code <b>06896</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00-</b>		
<b>\$100.00-</b>						
Last Name <b>Lautenberg</b>	First Name <b>Ellen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0708</b>	Amount of Contribution
Residential Street Address <b>10 Woody Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00-</b>		
<b>\$100.00-</b>						
Last Name <b>Lautenberg</b>	First Name <b>Ellen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1033</b>	Amount of Contribution
Residential Street Address <b>10 Woody Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/29/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
<b>\$100.00</b>						
Last Name <b>Mcfadden</b>	First Name <b>Deborah</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1034</b>	Amount of Contribution
Residential Street Address <b>109 Westport Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-4528</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Director of Communications</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>				
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 <b>\$25.00</b>		
<b>\$25.00</b>						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Mcfadden</b>	First Name <b>Deborah</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0709</b>	Amount of Contribution
Residential Street Address <b>109 Westport Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897-4528</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Director of Communications</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00-</b>		
<b>\$25.00-</b>						
Last Name <b>Williams</b>	First Name <b>Donald</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0711</b>	Amount of Contribution
Residential Street Address <b>41 Malbone Ln</b>	City <b>Brooklyn</b>	State <b>CT</b>	Zip Code <b>06234-1563</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>State Senator</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00-</b>		
<b>\$100.00-</b>						
Last Name <b>Williams</b>	First Name <b>Donald</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1036</b>	Amount of Contribution
Residential Street Address <b>41 Malbone Ln</b>	City <b>Brooklyn</b>	State <b>CT</b>	Zip Code <b>06234-1563</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>State Senator</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>			
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 <b>\$100.00</b>		
<b>\$100.00</b>						
Last Name <b>Hauhuth</b>	First Name <b>Jen</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1037</b>	Amount of Contribution
Residential Street Address <b>1260 Merritt St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>			
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 <b>\$40.00</b>		
<b>\$40.00</b>						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Hauhuth</b>	First Name <b>Jen</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0712</b>	Amount of Contribution
Residential Street Address <b>1260 Merritt St</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? 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 <del>\$80.00</del> <b>\$40.00</b>		
Last Name <b>Hauhuth</b>	First Name <b>Martha</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0713</b>	Amount of Contribution
Residential Street Address <b>31 Ostend Ave</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Non-Profit CEO</b>	Name of Employer <b>Positive Directions</b>	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 <del>\$50.00</del> <b>\$25.00</b>		
Last Name <b>Hauhuth</b>	First Name <b>Martha</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1038</b>	Amount of Contribution
Residential Street Address <b>31 Ostend Ave</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Non-Profit CEO</b>	Name of Employer <b>Positive Directions</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06272010c</b>				
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 <b>\$25.00</b>		
Last Name <b>Rieder</b>	First Name <b>M.</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1039</b>	Amount of Contribution
Residential Street Address <b>10 Plumkett Pl</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>06272010c</b>				
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 <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Rieder</b>	First Name <b>44</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0714</b>	Amount of Contribution
Residential Street Address <b>10 Plunkett Pl</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
<b>\$100.00</b>						
Last Name <b>Herman</b>	First Name <b>Barbara</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0715</b>	Amount of Contribution
Residential Street Address <b>761 Merwins Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
<b>\$50.00</b>						
Last Name <b>Herman</b>	First Name <b>Barbara</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1040</b>	Amount of Contribution
Residential Street Address <b>761 Merwins Ln</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>				
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 <b>\$50.00</b>		
<b>\$50.00</b>						
Last Name <b>Reiner</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0719</b>	Amount of Contribution
Residential Street Address <b>18 Engle St Apt 3U</b>	City <b>Tenafly</b>	State <b>NJ</b>	Zip Code <b>07670</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Analyst</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
<b>\$100.00</b>						



Last Name Constant		First Name June		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 # 0721	Amount of Contribution
Residential Street Address 1510 Acher Rd Apt Mh		City Bronx		State NY	Zip Code 10462		Date Received 06/30/2010	
Principal Occupation Bookkeeper		Name of Employer Cable Holdings Inc			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 Baldassi		First Name Josephine		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 # 0725	Amount of Contribution
Residential Street Address 6044 Bleecker St		City Ridgewood		State NY	Zip Code 11385		Date Received 06/30/2010	
Principal Occupation Executive Assistant		Name of Employer Cable Holdings Inc			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 Smith		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 # 0728	Amount of Contribution
Residential Street Address 80 High St		City New Haven		State CT	Zip Code 06511		Date Received 06/30/2010	
Principal Occupation Arts Administrator		Name of Employer Creative Arts Workshop			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Baudro		First Name Jacquelyn		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0730	Amount of Contribution
Residential Street Address 69 Stoddards Wharf Rd		City Ledyard		State CT	Zip Code 06339	Date Received 06/30/2010		
Principal Occupation Human Resources Assistant		Name of Employer Dime Bank			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

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

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**B. Itemized Contributions from Individuals**

Last Name Porto	First Name Carl	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 # 0734	Amount of Contribution
Residential Street Address 47 Oakwood Ln	City Hamden	State CT	Zip Code 06518	Date Received 06/30/2010		
Principal Occupation Attorney	Name of Employer Parrett, Porto, Parese & Colwell		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06302010a</u> <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 Walker	First Name Toni	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 # 0739	Amount of Contribution
Residential Street Address 1643 Ella T Grasso Blvd	City New Haven	State CT	Zip Code 06511-2801	Date Received 06/30/2010		
Principal Occupation Social Worker	Name of Employer New Haven Adult Ed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06302010a</u> <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 \$50.00		
\$50.00						
Last Name Pacowta	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 # 0740	Amount of Contribution
Residential Street Address 166 River Rd	City Shelton	State CT	Zip Code 06484-4444	Date Received 06/30/2010		
Principal Occupation Financial Planner	Name of Employer Self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06302010a</u> <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 \$50.00		
\$50.00						
Last Name Shariff	First Name Teja	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 # 0751	Amount of Contribution
Residential Street Address 388 E Main St	City Branford	State CT	Zip Code 06405	Date Received 06/30/2010		
Principal Occupation CPA	Name of Employer Rallett Shariff		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Burke</b>	First Name <b>Edward</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0753</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>16 Highland Dr</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Accountant</b>	Name of Employer <b>Shoat, Burke et al</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Rubrich</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0757</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>8 Trumbull St</b>	City <b>West Haven</b>	State <b>CT</b>	Zip Code <b>06516</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Marcus Law Firm</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Fischbach</b>	First Name <b>Nancy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0764</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>401 River Rd</b>	City <b>Deep River</b>	State <b>CT</b>	Zip Code <b>06417-2121</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Volunteer</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Michael</b>	First Name <b>Maureen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0765</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>4213 Avalon Dr E</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		

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**B. Itemized Contributions from Individuals**

Last Name Hines	First Name Sally	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 # 0768	Amount of Contribution
Residential Street Address 924 N Wilton Rd	City New Canaan	State CT	Zip Code 06840	Date Received 06/30/2010		
Principal Occupation Member, Board of Selectmen	Name of Employer Town of New Canaan	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 \$10.00		
Last Name Penner	First Name Harry	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 # 0770	Amount of Contribution
Residential Street Address 6 White Pine Dr	City Guilford	State CT	Zip Code 06437	Date Received 06/30/2010		
Principal Occupation CEO/Chair	Name of Employer New Haven Pharmaceuticals	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Maxwell	First Name Leslie-Anne	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 # 0773	Amount of Contribution
Residential Street Address 973 Little Meadow Rd	City Guilford	State CT	Zip Code 06437	Date Received 06/30/2010		
Principal Occupation Attorney	Name of Employer Cantor Colburn	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 \$40.00		
Last Name Hall	First Name Christopher	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 # 0774	Amount of Contribution
Residential Street Address 29 Highview Rd	City Darien	State CT	Zip Code 06820	Date Received 06/30/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06262010b</u> <input 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		

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**B. Itemized Contributions from Individuals**

Last Name <b>Hall</b>	First Name <b>Britt</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0775</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>27 Highview Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06262010b</b> <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 <b>\$100.00</b>		
Last Name <b>Kemp</b>	First Name <b>Judith</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0776</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>20 Seagate Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06262010b</b> <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 <b>\$100.00</b>		
Last Name <b>Haranzo</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0778</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>48 Tulip Tree Ln</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Wiggin &amp; Dana LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06262010b</b> <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 <b>\$100.00</b>		
Last Name <b>Brooks</b>	First Name <b>Torrey</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0780</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>3 Hillcrest Park Rd</b>	City <b>Old Greenwich</b>	State <b>CT</b>	Zip Code <b>06870</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Brooks, Torrey &amp; Scott, Inc.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06262010b</b> <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 <b>\$100.00</b>		



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### B. Itemized Contributions from Individuals

Last Name Holmes		First Name Christi		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0750		Amount of Contribution	
Residential Street Address 274 Church St			City Guilford		State CT	Zip Code 06437		Date Received 06/30/2010				
Principal Occupation Director of Education			Name of Employer CT State Medical Society			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06302010a</u>						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$40.00			\$40.00	

Last Name Gibbons		First Name Kathleen		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 # 0831		Amount of Contribution	
Residential Street Address 3600 Bent Branch Ct			City Falls Church			State VA		Zip Code 22041-1006		Date Received 06/30/2010	
Principal Occupation Real Estate Broker			Name of Employer McEneaney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00		
									\$50.00		

Last Name Shufirin		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 # 0834	Amount of Contribution
Residential Street Address 62 Angelus Dr		City Greenwich		State CT	Zip Code 06831-3634		Date Received 06/30/2010	
Principal Occupation Law Student		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Shufrin		First Name Eric		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 # 0905	Amount of Contribution
Residential Street Address 62 Angelus Dr		City Greenwich		State CT	Zip Code 06831-3634		Date Received 06/30/2010	
Principal Occupation None		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

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

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### B. Itemized Contributions from Individuals

Last Name Slossberg		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 # 0902	Amount of Contribution
Residential Street Address 14 Honeysuckle Ln		City Milford		State CT	Zip Code 06461-1671		Date Received 06/30/2010	
Principal Occupation Attorney		Name of Employer Hurwitz Sagarin Slossberg & Knuff			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 raymond		First Name jan		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 # 0904	Amount of Contribution
Residential Street Address 11 Waverly Rd		City Darien		State CT	Zip Code 06820-5736		Date Received 06/30/2010	
Principal Occupation artist		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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name woodard		First Name lincoln		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 # 0912	Amount of Contribution
Residential Street Address 525 Chestnut Hill Rd		City Glastonbury		State CT	Zip Code 06033-4105		Date Received 06/30/2010	
Principal Occupation attorney		Name of Employer moukawsher & walsh, llc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Brown		First Name Elizabeth		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 # 0914		Amount of Contribution	
Residential Street Address 225 Alexander Ave			City Waterbury			State CT		Zip Code 06705-3105		Date Received 06/30/2010	
Principal Occupation None			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		



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

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### B. Itemized Contributions from Individuals

Last Name Nussbaum		First Name Consuelo		MI M	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 # 0874	Amount of Contribution
Residential Street Address 27 Blueberry Ln		City Darien		State CT	Zip Code 06820-2510		Date Received 06/30/2010	
Principal Occupation Retired		Name of Employer NA			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 Gogliettino		First Name John		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 # 0887	Amount of Contribution
Residential Street Address 129 Lake Pl S		City Danbury		State CT	Zip Code 06810-7260		Date Received 06/30/2010	
Principal Occupation Insurance Broker		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name campanella		First Name constance		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0893	Amount of Contribution
Residential Street Address 8408 Brewster Dr		City Alexandria		State VA	Zip Code 22308-2108		Date Received 06/30/2010	
Principal Occupation executive		Name of Employer stateside associates			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Himes		First Name James		MI A	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 # 0861	Amount of Contribution          \$100.00
Residential Street Address 197 Valley Rd		City Cos Cob		State CT	Zip Code 06807-2212	Date Received 06/30/2010		
Principal Occupation Representative		Name of Employer US House of Representatives			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

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

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### B. Itemized Contributions from Individuals

Last Name Seidman		First Name Lon		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 # 0896	Amount of Contribution
Residential Street Address 76 Bushy Hill Rd		City Ivoryton		State CT	Zip Code 06442-1108		Date Received 06/30/2010	
Principal Occupation Partner		Name of Employer Safety Zone			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 Creeth		First Name Richard		MI F	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 # 0855	Amount of Contribution
Residential Street Address 250 Catalpa Rd		City Wilton		State CT	Zip Code 06897-2021		Date Received 06/30/2010	
Principal Occupation Consultant		Name of Employer QueBIT Consulting, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Morante		First Name Rosemary		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 # 0880	Amount of Contribution
Residential Street Address 28 Welch St			City Plainville		State CT	Zip Code 06062-2119		Date Received 06/30/2010
Principal Occupation Administrator			Name of Employer Windsor Public Schools			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

Last Name Lubin		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 # 0748	Amount of Contribution
Residential Street Address 55 Killian Ave			City Trumbull		State CT	Zip Code 06611	Date Received 06/30/2010	
Principal Occupation Attorney			Name of Employer Neu			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06302010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Avallone</b>	First Name <b>Brenda</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0732</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1 Ashford Ct</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Nurse</b>	Name of Employer <b>Bradley Home</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06302010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Stanback</b>	First Name <b>Anne</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0890</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>44 Wright Dr</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001-2106</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Executive Director</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Berg</b>	First Name <b>Peter</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0859</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>28 Dandy Dr</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807-2203</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Berg</b>	First Name <b>Judith</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0894</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>28 Dandy Dr</b>	City <b>Cos Cob</b>	State <b>CT</b>	Zip Code <b>06807-2203</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>Greenwich Public Schools</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		

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**B. Itemized Contributions from Individuals**

Last Name <b>Gertzoff</b>	First Name <b>Arline</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0833</b>	Amount of Contribution     <b>\$10.00</b>
Residential Street Address <b>6 Fillow St</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-1217</b>	Date Received <b>06/30/2010</b>	
Principal Occupation <b>education</b>	Name of Employer <b>self-employed</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>	
Last Name <b>Aasen</b>	First Name <b>Martha</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0860</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>31 Ellery Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-5203</b>	Date Received <b>06/30/2010</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	
Last Name <b>Aasen</b>	First Name <b>Larry</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0877</b>	Amount of Contribution     <b>\$50.00</b>
Residential Street Address <b>31 Ellery Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-5203</b>	Date Received <b>06/30/2010</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	
Last Name <b>Barnett</b>	First Name <b>Margaret</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1035</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>125 S Compo Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/30/2010</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06272010c</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Barnett</b>	First Name <b>Margaret</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0710</b>	Amount of Contribution
Residential Street Address <b>125 S Campo Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b><del>\$200.00</del></b>		
<b><del>\$100.00</del></b>						
Last Name <b>Silverman</b>	First Name <b>Phyllis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0742</b>	Amount of Contribution
Residential Street Address <b>15 High Hill Rd</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Legislative Aide</b>	Name of Employer <b>State of Connecticut</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06302010a</b>				
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 <b>\$50.00</b>		
<b>\$50.00</b>						
Last Name <b>Cusick</b>	First Name <b>Karen</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0839</b>	Amount of Contribution
Residential Street Address <b>6 Diana Dr</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525-1217</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Administrator</b>	Name of Employer <b>Cusick &amp; Co LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
<b>\$50.00</b>						
Last Name <b>Feen</b>	First Name <b>Carl</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0738</b>	Amount of Contribution
Residential Street Address <b>791 Tummel Ln</b>	City <b>West Haven</b>	State <b>CT</b>	Zip Code <b>06516</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Financial Planner</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06302010a</b>				
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 <b>\$100.00</b>		
<b>\$100.00</b>						





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

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

Last Name <b>Marcus</b>	First Name <b>Shelley</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0755</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>16 Highland Ave</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>The Marcus Law Firm</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>May</b>	First Name <b>Albert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0885</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>111 Spring Garden St</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517-1913</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>fundraiser</b>	Name of Employer <b>Christian Community Action</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Loughlin</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0743</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>216 High St</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Loughlin Fitzgerald</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06302010a</b>			
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 <b>\$25.00</b>		
Last Name <b>Mayer</b>	First Name <b>George</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0762</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>14 Bouton Cir</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06907</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Retired Police Officer</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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

Last Name Griffith	First Name Myriam	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 # 0777	Amount of Contribution
Residential Street Address 55 Dubois St	City Darien	State CT	Zip Code 06820-5224	Date Received 06/30/2010		
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06262010b</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		
Last Name Barton	First Name Nancy	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 # 0769	Amount of Contribution
Residential Street Address 7 Meadow Pl	City Old Greenwich	State CT	Zip Code 06870	Date Received 06/30/2010		
Principal Occupation Attorney	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Neubert	First Name Deborah	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 # 0744	Amount of Contribution
Residential Street Address 38 Cromwell Rd	City North Haven	State CT	Zip Code 06473	Date Received 06/30/2010		
Principal Occupation Attorney	Name of Employer Neubert, Pepe & Monteith	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06302010a</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		
Last Name Neubert	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 # 0745	Amount of Contribution
Residential Street Address 38 Cromwell Rd	City North Haven	State CT	Zip Code 06473	Date Received 06/30/2010		
Principal Occupation Attorney	Name of Employer Neubert, Pepe & Monteith	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06302010a</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		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Bettigole</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0771</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>60 Long Pond Rd</b>	City <b>Lakeville</b>	State <b>CT</b>	Zip Code <b>06039</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Venture Capital Investor</b>	Name of Employer <b>Elm Street Venture Advisors</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Serber</b>	First Name <b>Sari</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0723</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>62 Angelus Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Court Reporter</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Shufrin</b>	First Name <b>Harry</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0724</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>62 Angelus Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>CPA</b>	Name of Employer <b>Shufrin and Associates</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Schwartz</b>	First Name <b>Zachary</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0718</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>62 Angelus Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Student</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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### B. Itemized Contributions from Individuals

Last Name Grady		First Name Susan		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 # 0842	Amount of Contribution
Residential Street Address 25 Westlook Rd			City Wethersfield		State CT	Zip Code 06109-1459		Date Received 06/30/2010
Principal Occupation teacher			Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

Last Name Pollack		First Name Gerald.		MI A	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 # 0891	Amount of Contribution
Residential Street Address 27 Irvine Rd			City Old Greenwich		State CT	Zip Code 06870-1830		Date Received 06/30/2010
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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	

Last Name Saddlemire		First Name Richard		MI D	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 # 0866	Amount of Contribution
Residential Street Address 235 Woodhaven Rd			City Glastonbury		State CT	Zip Code 06033-1919		Date Received 06/30/2010
Principal Occupation Educator			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	

Last Name Saddlemire		First Name Patricia		MI M	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 # 0901	Amount of Contribution
Residential Street Address 235 Woodhaven Rd			City Glastonbury		State CT	Zip Code 06033-1919		Date Received 06/30/2010
Principal Occupation Educator			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Scheidl</b>	First Name <b>Constance</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0766</b>	Amount of Contribution          <b>\$10.00</b>	
Residential Street Address <b>5 Cecil Pl</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-6404</b>	Date Received <b>06/30/2010</b>			
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$10.00</b>
Last Name <b>Spader</b>	First Name <b>Walter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0758</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>15 Leighton Ct</b>	City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473</b>	Date Received <b>06/30/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Marcus Law Firm</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Marcus</b>	First Name <b>Jill</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0756</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>100 Stony Creek Rd</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405-3236</b>	Date Received <b>06/30/2010</b>			
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Wallace</b>	First Name <b>Lewis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0760</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>2 Sylvan Rd</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06811-4982</b>	Date Received <b>06/30/2010</b>			
Principal Occupation <b>Sales</b>	Name of Employer <b>Commonfund</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Bayne</b>	First Name <b>David</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0779</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>5 Windsor Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-3228</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Kavanaugh Maloney</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06262010b</b> <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 <b>\$50.00</b>		
Last Name <b>Avallone</b>	First Name <b>Vincent</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0736</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1 Ashford Ct</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492-5207</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Avallone &amp; Avallone</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06302010a</b> <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 <b>\$100.00</b>		
Last Name <b>Porto</b>	First Name <b>Carl</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0733</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>73 Autumn Ridge Rd</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06514</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Parrett Porto Parese Colwell</b>		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>06302010a</b> <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 <b>\$100.00</b>		
Last Name <b>Juliano</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0761</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>36 Hundred Acres Rd</b>	City <b>Newtown</b>	State <b>CT</b>	Zip Code <b>06470-2409</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		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 <b>\$100.00</b>		







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

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**B. Itemized Contributions from Individuals**

Last Name <b>Imbimbo</b>	First Name <b>Anthony</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0856</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>157 Mansfield Ave</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820-3525</b>	Date Received <b>06/30/2010</b>			
Principal Occupation <b>Publishing</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>Jaff</b>	First Name <b>Jennifer</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0867</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>18 Timberline Dr</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032-1744</b>	Date Received <b>06/30/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Advocacy for Patients with Chronic Illness</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$150.00</b>
Last Name <b>Staples</b>	First Name <b>Cameron</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0747</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>233 Edwards St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>06/30/2010</b>			
Principal Occupation <b>State Rep.</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06302010a</b>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Allentuch</b>	First Name <b>Simon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0749</b>	Amount of Contribution          <b>\$60.00</b>	
Residential Street Address <b>266 W Elm St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515</b>	Date Received <b>06/30/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Neubert, Pepe &amp; Monteith</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06302010a</b>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$60.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Pepe</b>	First Name <b>Gregory</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0746</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>157 Santa Fe Ave</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Neubert, Pep &amp; Monteith, P.C.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>06302010a</b> <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 <b>\$100.00</b>		
Last Name <b>Martone</b>	First Name <b>Michael</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0869</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>32 Buttermilk Ln</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405-2702</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Urban</b>	First Name <b>Diana</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0906</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>146 Babcock Rd</b>	City <b>North Stonington</b>	State <b>CT</b>	Zip Code <b>06359-1334</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>legislator</b>	Name of Employer <b>Ct General Assembly</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Malloy</b>	First Name <b>William</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0836</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>87 Glenbrook Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-2971</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>owner</b>	Name of Employer <b>Wm. F. Malloy Agency, Inc.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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### B. Itemized Contributions from Individuals

Last Name Scheer		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 # 0878	Amount of Contribution
Residential Street Address 2 Spring Rock Rd		City Branford		State CT	Zip Code 06405-5520		Date Received 07/01/2010	
Principal Occupation President		Name of Employer Scheer & Co			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 Williams		First Name Dudley		MI N		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 # 0900		Amount of Contribution	
Residential Street Address 101 Dogwood Ln			City Stamford			State CT	Zip Code 06903-4532		Date Received 07/01/2010		
Principal Occupation Manager			Name of Employer GE Asset Management				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		

Last Name Selkowitz		First Name Arthur		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 # 0853	Amount of Contribution
Residential Street Address 262 Ocean Dr E		City Stamford		State CT	Zip Code 06902-8238		Date Received 07/01/2010	
Principal Occupation Advertising		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Mainville		First Name Henry		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 # 0787	Amount of Contribution       \$100.00
Residential Street Address 133 Stamford Ave		City Stamford		State CT	Zip Code 06902		Date Received 07/01/2010	
Principal Occupation Social Worker		Name of Employer Stamford Schools			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		



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

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### B. Itemized Contributions from Individuals

Last Name Pearwson		First Name Trish		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 # 0907	Amount of Contribution
Residential Street Address 281 Bittersweet Rd		City Orange		State CT	Zip Code 06477-2001		Date Received 07/01/2010	
Principal Occupation Insurance Agent		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 \$25.00	

Last Name Hirschhorn		First Name Ralph		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 # 0882	Amount of Contribution
Residential Street Address 107 Via Palacio			City Palm Beach Gardens		State FL	Zip Code 33418-6212		Date Received 07/01/2010
Principal Occupation Orthopedic Surgeon			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Hirschhorn		First Name Madeleine		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 # 0892	Amount of Contribution
Residential Street Address 107 Via Palacio		City Palm Beach Gardens		State FL	Zip Code 33418-6212		Date Received 07/01/2010	
Principal Occupation attorney		Name of Employer self employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Johnson		First Name Craig		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 # 0883	Amount of Contribution
Residential Street Address 77 Nod Hill Rd		City Wilton		State CT	Zip Code 06897-1711		Date Received 07/01/2010	
Principal Occupation Attorney		Name of Employer JTT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

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

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### B. Itemized Contributions from Individuals

Last Name Frederick		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0857	Amount of Contribution
Residential Street Address 5 Nash Island Rd		City Darien		State CT	Zip Code 06820		Date Received 07/01/2010	
Principal Occupation Real Estate Broker		Name of Employer Cassidy Turley			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Kamford		First Name Daria		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 # 0872	Amount of Contribution
Residential Street Address 90 Christie Hill Rd		City Darien		State CT	Zip Code 06820-3000		Date Received 07/01/2010	
Principal Occupation Real Estate		Name of Employer Halstead Property			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Ferrucci III		First Name Stephen		MI R	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 # 0895	Amount of Contribution
Residential Street Address 3 Yale Ave		City Middlebury		State CT	Zip Code 06762-2713		Date Received 07/01/2010	
Principal Occupation Union Representative		Name of Employer CSEA, SEIU Local 2001			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Walton		First Name Vilma		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 # 0889	Amount of Contribution
Residential Street Address 70 Hubbard Dr		City Glastonbury		State CT	Zip Code 06033-2948		Date Received 07/01/2010	
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00



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

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

Last Name <b>Cappiali</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0625</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Spezzano Dr</b>	City <b>Riverside</b>	State <b>CT</b>	Zip Code <b>06878-1320</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>Cappiali</b>	First Name <b>Olive</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0626</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Spezzano Dr</b>	City <b>Riverside</b>	State <b>CT</b>	Zip Code <b>06878-1320</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>Yacht charter broker</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>Lanza</b>	First Name <b>J. Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0868</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>PO Box 64</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070-0064</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>Furniture Maker</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>Harp</b>	First Name <b>W. Matt</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0848</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>10 Faxon Ave Unit 3R</b>	City <b>Quincy</b>	State <b>MA</b>	Zip Code <b>02169-4682</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Duane Moraiss, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Diamond</b>	First Name <b>M. Jerome</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0840</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>15 E State St</b>	City <b>Montpelier</b>	State <b>VT</b>	Zip Code <b>05602-3086</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Diamond &amp; Robinson, P.C.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Stephens</b>	First Name <b>Jeffrey</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0785</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>14 Duncan Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Kane</b>	First Name <b>Thomas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0786</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>2 Vanrensselaer</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Sosnik</b>	First Name <b>Douglas</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0788</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>4819 Indian Ln NW</b>	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20016-3203</b>	Date Received <b>07/01/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name Jorge	First Name Maria	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 # 0789	Amount of Contribution
Residential Street Address 4819 Indian Ln NW	City Washington	State DC	Zip Code 20016-3203	Date Received 07/01/2010		
Principal Occupation Consultant	Name of Employer MFJ International		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Fisher	First Name Emily	MI T	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 # 0790	Amount of Contribution
Residential Street Address 24 Osprey Rd	City Old Lyme	State CT	Zip Code 06371	Date Received 07/01/2010		
Principal Occupation Homemaker	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Dunn	First Name Beverly	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 # 0784	Amount of Contribution
Residential Street Address 48 Jackson Cove Rd	City Oxford	State CT	Zip Code 06478	Date Received 07/01/2010		
Principal Occupation Development Director	Name of Employer CT Citizen Action Group		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Brick	First Name Charlotte	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 # 0791	Amount of Contribution
Residential Street Address 60 Cassandra Blvd Apt 203 , Apt 203	City West Hartford	State CT	Zip Code 06107-3150	Date Received 07/01/2010		
Principal Occupation None	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Marko</b>	First Name <b>Allen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0793</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>41 Peppermint Ln</b>	City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010-2275</b>	Date Received <b>07/02/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>Watertown Board of Ed</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07012010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Creed</b>	First Name <b>Nicholas</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0795</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>39 Byrnes Ave</b>	City <b>Litchfield</b>	State <b>CT</b>	Zip Code <b>06579</b>	Date Received <b>07/02/2010</b>		
Principal Occupation <b>Student</b>	Name of Employer <b>Landmark College</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07012010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>Cremer</b>	First Name <b>Marvin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0802</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>59 Clifford Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>07/02/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Jordan</b>	First Name <b>Allene</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0858</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1521 Applecroft Ln</b>	City <b>Cockeysville</b>	State <b>MD</b>	Zip Code <b>21030-1601</b>	Date Received <b>07/02/2010</b>		
Principal Occupation <b>Student</b>	Name of Employer <b>Northeastern University</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Magliocco</b>	First Name <b>Lisa</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0628</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>16 Winthrop Dr</b>		City <b>Riverside</b>		State <b>CT</b>	Zip Code <b>06878-1912</b>		Date Received <b>07/02/2010</b>
Principal Occupation <b>homemaker</b>		Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>Shea</b>	First Name <b>Jane</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0899</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>133 Mediterranean Ln</b>		City <b>Norwich</b>		State <b>CT</b>	Zip Code <b>06360-1627</b>		Date Received <b>07/02/2010</b>
Principal Occupation <b>School Psychologist</b>		Name of Employer <b>Norwich Public Schools</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>Veits</b>	First Name <b>William</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0798</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>31 Natalie Ct</b>		City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010</b>		Date Received <b>07/02/2010</b>
Principal Occupation <b>Tax Preparation</b>		Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>07012010a</b>			
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 <b>\$50.00</b>			
Last Name <b>Creed</b>	First Name <b>Evelyn</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0794</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>39 Byrnes Ave</b>		City <b>Litchfield</b>		State <b>CT</b>	Zip Code <b>06759</b>		Date Received <b>07/02/2010</b>
Principal Occupation <b>None</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>07012010a</b>			
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 <b>\$100.00</b>			



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**B. Itemized Contributions from Individuals**

Last Name <b>Pettit</b>	First Name <b>James</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0884</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>36 Spencer St</b>	City <b>Winsted</b>	State <b>CT</b>	Zip Code <b>06098-1116</b>	Date Received <b>07/02/2010</b>	
Principal Occupation <b>Div Mgr</b>	Name of Employer <b>CT Dept of Motor Vehicles</b>	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 <b>\$50.00</b>	
Last Name <b>Ragains</b>	First Name <b>Thomas</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0797</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>39 Upson St</b>	City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010-6261</b>	Date Received <b>07/02/2010</b>	
Principal Occupation <b>Store Keeper</b>	Name of Employer <b>UCONN Health Center</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>07012010a</b> <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 <b>\$50.00</b>	
Last Name <b>Smith</b>	First Name <b>Earl</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0615</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>5 Serenity Ln</b>	City <b>Sandy Hook</b>	State <b>CT</b>	Zip Code <b>06482-1630</b>	Date Received <b>07/03/2010</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	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 <b>\$100.00</b>	
Last Name <b>LoMonte</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0813</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>39 W Wynd Ter</b>	City <b>Middletown</b>	State <b>CT</b>	Zip Code <b>06457</b>	Date Received <b>07/03/2010</b>	
Principal Occupation <b>Real Estate Appraiser</b>	Name of Employer <b>Self</b>	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 <b>\$100.00</b>	

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**B. Itemized Contributions from Individuals**

Last Name <b>Meehan</b>	First Name <b>James</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0822</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>80 Highridge Rd</b>	City <b>West Simsbury</b>	State <b>CT</b>	Zip Code <b>06092-2004</b>	Date Received <b>07/03/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Sherman</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0913</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>160 Davenport Farm Ln S</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903-5100</b>	Date Received <b>07/03/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Early</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0826</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>38 Hunting Hill Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>07/03/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Early Ludwick &amp; Sweeney</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>Brady</b>	First Name <b>Francis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0803</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>14 Thronebrook Rd</b>	City <b>West Granby</b>	State <b>CT</b>	Zip Code <b>06090-1117</b>	Date Received <b>07/03/2010</b>			
Principal Occupation <b>Attorney</b>	Name of Employer <b>Murtha, Cullina, LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Maguire</b>	First Name <b>Walter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0815</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>160 Uncas Point Rd</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>Exec</b>	Name of Employer <b>Madson Poly Eng</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07032010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Domonkos</b>	First Name <b>Carmen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0812</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>50 Forest St Apt 1622</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06901-1876</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Krol</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0827</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>152 Chestnut Hill Rd</b>	City <b>Stafford Springs</b>	State <b>CT</b>	Zip Code <b>06076</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>First Selectman</b>	Name of Employer <b>Town of Stafford</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Nesin</b>	First Name <b>Merritt</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0828</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>118 Gary Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>Engineer</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		













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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Dumas</b>	First Name <b>Gail</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0821</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>31 Crown Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>Housewife</b>	Name of Employer <b>Town of Greenwich Library (Part-Time)</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Meehan</b>	First Name <b>James</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0823</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>80 Highridge Rd</b>	City <b>West Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del><b>Solovay</b></del>	First Name <del><b>Eleanor</b></del>	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 # <del><b>0825</b></del>	Amount of Contribution          <del><b>\$100.00</b></del>
Residential Street Address <del><b>28 Narrow Rocks Rd</b></del>	City <del><b>Westport</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06880</b></del>	Date Received <del><b>07/03/2010</b></del>		
Principal Occupation <del><b>None</b></del>	Name of Employer <del><b>None</b></del>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del><b>\$200.00</b></del>		
Last Name <b>Solovay</b>	First Name <b>Eleanor</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1041</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>28 Narrow Rocks Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>06272010c</b>			
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 <b>\$100.00</b>		

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

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

Last Name <b>Stern</b>	First Name <b>Louise</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0613</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>1 Strawberry Hill Ave # 16-B</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06902</b>		Date Received <b>07/03/2010</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>Gross</b>	First Name <b>Abby</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0614</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>20 Hill Rd</b>		City <b>Greenwich</b>		State <b>CT</b>	Zip Code <b>06830</b>		Date Received <b>07/03/2010</b>
Principal Occupation <b>None</b>		Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>newman</b>	First Name <b>Julius</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0616</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>104 Hilldale Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117-1413</b>		Date Received <b>07/03/2010</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>			
Last Name <b>Van Middlesworth</b>	First Name <b>Rex</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0617</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>1201 Claire Ave</b>		City <b>Austin</b>		State <b>TX</b>	Zip Code <b>78703</b>		Date Received <b>07/03/2010</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Andrews Kurth</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name <b>Bello</b>	First Name <b>George</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0619</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>164 Mountainwood Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>Private Investor</b>	Name of Employer <b>Self</b>	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 <b>\$100.00</b>		
Last Name <b>Becker</b>	First Name <b>Margaret</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0620</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>Falcon Farm, 242 Scotland Rd</b>	City <b>Baltic</b>	State <b>CT</b>	Zip Code <b>06330</b>	Date Received <b>07/03/2010</b>		
Principal Occupation <b>Information Requested</b>	Name of Employer <b>Information Requested</b>	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 <b>\$50.00</b>		
Last Name <b>Spencer-Molloy</b>	First Name <b>Katherine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0630</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>57 Winthrop St</b>	City <b>Tariffville</b>	State <b>CT</b>	Zip Code <b>06081-9644</b>	Date Received <b>07/04/2010</b>		
Principal Occupation <b>Teacher</b>	Name of Employer <b>East Granby Board of Ed</b>	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 <b>\$50.00</b>		
Last Name <b>Amdur</b>	First Name <b>Sheila</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0875</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>132 Lawler Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-2621</b>	Date Received <b>07/04/2010</b>		
Principal Occupation <b>health care consultant</b>	Name of Employer <b>self employed</b>	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 <b>\$100.00</b>		





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

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

Last Name Goode		First Name Burwell		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0629		Amount of Contribution	
Residential Street Address 32 Old Orchard Dr			City Weston		State CT	Zip Code 06883-1309		Date Received 07/05/2010				
Principal Occupation retired			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00		\$25.00		

Last Name Hypolite		First Name Wayne		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 # 0918	Amount of Contribution
Residential Street Address 55 Prospect St			City Bloomfield		State CT	Zip Code 06002-3038		Date Received 07/07/2010
Principal Occupation Executive Assistant			Name of Employer State of CT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Bubel	First Name Henry	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 # 0950	Amount of Contribution
Residential Street Address 101 Wild Duck Rd		City Stamford		State CT	Zip Code 06903	Date Received 07/07/2010
Principal Occupation Attorney		Name of Employer Patterson Belknap			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Aggregate Contributions \$100.00
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Last Name Lent		First Name Brenna		Middle Initial S	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 # 0919		Amount of Contribution	
Residential Street Address 60 E Wharf Rd			City Madison		State CT	Zip Code 06443-3116		Date Received 07/07/2010		
Principal Occupation Analyst			Name of Employer Dowling & Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### B. Itemized Contributions from Individuals

Last Name Sousa		First Name Diana		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 # 0922	Amount of Contribution
Residential Street Address 31 Barnum Pl		City Ridgefield		State CT	Zip Code 06877-1050		Date Received 07/07/2010	
Principal Occupation Corporate Communications		Name of Employer Covidien			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Norton		First Name William		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 # 0923	Amount of Contribution
Residential Street Address 56 Edwards Rd			City Avon		State CT	Zip Code 06001-3102	Date Received 07/07/2010	
Principal Occupation Professor			Name of Employer University of New Haven			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00

Last Name O'Brien		First Name Leslie		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 # 0925	Amount of Contribution
Residential Street Address 125 Summit St		City Willimantic		State CT	Zip Code 06226-2738		Date Received 07/07/2010	
Principal Occupation Director of Constituent Services		Name of Employer State of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Schaeffer		First Name Denise		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 # 0926	Amount of Contribution
Residential Street Address 57 Campfield Rd		City Manchester		State CT	Zip Code 06040-5714		Date Received 07/07/2010	
Principal Occupation Office Manager		Name of Employer Dowling & Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00







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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name Goulekas	First Name Paul	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 # 0939	Amount of Contribution
Residential Street Address 40 Attawan Rd	City Niantic	State CT	Zip Code 06357-3509	Date Received 07/07/2010		
Principal Occupation Equity Analyst	Name of Employer Dowling & Partners		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Gagnon	First Name Gary	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 # 0940	Amount of Contribution
Residential Street Address 236 Wood Pond Rd	City Glastonbury	State CT	Zip Code 06033-3704	Date Received 07/07/2010		
Principal Occupation Administrator	Name of Employer Dowling & Partners		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Hanley	First Name Joseph	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 # 0941	Amount of Contribution
Residential Street Address 32 Wakeman Rd	City Darien	State CT	Zip Code 06820-3628	Date Received 07/07/2010		
Principal Occupation Equity Trader	Name of Employer Dowling & Partners		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Wetchler	First Name Frank	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 # 0942	Amount of Contribution
Residential Street Address 3360 Seawane Dr	City Merrick	State NY	Zip Code 11566-5542	Date Received 07/07/2010		
Principal Occupation Sales	Name of Employer Dowling & Partners		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 Gohsler		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 # 0943	Amount of Contribution
Residential Street Address 9 Brookfield Rd		City West Hartford		State CT	Zip Code 06107		Date Received 07/07/2010	
Principal Occupation Industry Analyst		Name of Employer Dowling & Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Hilbie		First Name Krista		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 # 0944	Amount of Contribution
Residential Street Address 42 Spicewood Ln		City Berlin		State CT	Zip Code 06037	Date Received 07/07/2010		
Principal Occupation Compliance Officer		Name of Employer Dowling & Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Howard		First Name Barbara		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0945		Amount of Contribution	
Residential Street Address 88 S Hill Dr			City South Glastonbury			State CT	Zip Code 06073		Date Received 07/07/2010			
Principal Occupation Equity Trader			Name of Employer Dowling & Partners				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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00

Last Name Sousa		First Name Yolanda		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 # 0947	Amount of Contribution
Residential Street Address 58 Clifford Dr			City West Hartford		State CT	Zip Code 06107	Date Received 07/07/2010	
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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Lathrop</b>	First Name <b>Benjamin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0952</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>116 Mowry Ave</b>	City <b>Norwich</b>	State <b>CT</b>	Zip Code <b>06360-3344</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>Gen. Mgr.</b>	Name of Employer <b>Shipman's Fire Eq.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Olsen</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0953</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>101 Pratt Rd</b>	City <b>Clinton</b>	State <b>CT</b>	Zip Code <b>06413-2624</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>Labor Rep.</b>	Name of Employer <b>CT AFL-CIO</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Thompson</b>	First Name <b>Arthur</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0957</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>136 Book Hill Rd</b>	City <b>Deep River</b>	State <b>CT</b>	Zip Code <b>06417-2101</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Brown</b>	First Name <b>Marilyn</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0958</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>43 Harbor Dr # 200</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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### B. Itemized Contributions from Individuals

Last Name Guthrie		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 # 0955	Amount of Contribution
Residential Street Address 123 Sedgwick Rd			City West Hartford		State CT	Zip Code 06107		Date Received 07/07/2010
Principal Occupation Landscaping			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	

Last Name Olsen		First Name Janeen		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 # 0954	Amount of Contribution          \$50.00
Residential Street Address 101 Pratt Rd		City Clinton		State CT	Zip Code 06413	Date Received 07/07/2010		
Principal Occupation Labor Rep.		Name of Employer CT AFL-CIO			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

Last Name Rhine		First Name Rachael		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 # 0946	Amount of Contribution
Residential Street Address 21 Pond Rd			City Wilton		State CT	Zip Code 06897		Date Received 07/07/2010
Principal Occupation Stock Trader			Name of Employer Dowling & Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Kelly		First Name Kathleen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0951	Amount of Contribution       \$25.00
Residential Street Address 19 Country Ridge Rd		City Danbury		State CT	Zip Code 06811	Date Received 07/07/2010		
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>06282010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

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

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### B. Itemized Contributions from Individuals

Last Name Dillon		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0956		Amount of Contribution	
Residential Street Address 124 Whipporwill Ln			City Torrington		State CT	Zip Code 06790		Date Received 07/07/2010				
Principal Occupation Non-Profit Exec			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$75.00			\$75.00	

Last Name Stillman		First Name Andrea		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 # 0921	Amount of Contribution
Residential Street Address 5 Coolidge Ct			City Waterford		State CT	Zip Code 06385-3309	Date Received 07/07/2010	
Principal Occupation state senator			Name of Employer state of ct.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Woolley		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 # 0948	Amount of Contribution          \$100.00
Residential Street Address 9 Bellaire Rd		City Old Lyme		State CT	Zip Code 06371-2502	Date Received 07/07/2010		
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Satti		First Name William		MI L	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 # 0920	Amount of Contribution       \$50.00
Residential Street Address 162 Gardner Ave		City New London		State CT	Zip Code 06320-3054		Date Received 07/07/2010	
Principal Occupation director		Name of Employer mashantucket pequots			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Segaloff</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0972</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>200 Fountain St Apt 712</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Susman Duffy &amp; Segaloff</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07032010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Susman</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0974</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>2116 Chapel St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Susman Duffy &amp; Segaloff</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07032010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Perito</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0968</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>55 Averill Pl</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Susman Duffy &amp; Segaloff</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07032010a</b> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Pawelkiewicz</b>	First Name <b>Walter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0981</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>74 Oakwood Dr</b>	City <b>Windham</b>	State <b>CT</b>	Zip Code <b>06280</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Botelle-Sherman</b>	First Name <b>Sharon</b>	MI <b>K</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0962</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>17 South Mdws</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798-3223</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Community Health Marketing &amp; communications</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Faughnan</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0964</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>50 Acorn Ln</b>	City <b>Northford</b>	State <b>CT</b>	Zip Code <b>06472-1134</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Susman Duffy &amp; Segaloff</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>07032010a</b></u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Bolden</b>	First Name <b>Victor</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0967</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>131 W Elm St # 1</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515-2119</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>City of New Haven</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>07032010a</b></u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Susman</b>	First Name <b>Matthew</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0969</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>51 Broadfield Rd</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Susman Duffy &amp; Segaloff</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u><b>07032010a</b></u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		





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

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**B. Itemized Contributions from Individuals**

Last Name <b>Sklover</b>	First Name <b>Laura</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0976</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>143 Santa Fe Ave</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Susman Duffy &amp; Segaloff</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07032010a</b> <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 <b>\$100.00</b>		
Last Name <b>Sklover</b>	First Name <b>Gary</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0977</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>143 Santa Fe Ave</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Licari, Walsh &amp; Sklover</b>		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07032010a</b> <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 <b>\$100.00</b>		
Last Name <b>Meyer</b>	First Name <b>Jerome</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0978</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>50 Old Quarry Rd</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437-3706</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>Artist</b>	Name of Employer <b>Self</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Johnson</b>	First Name <b>Susan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0979</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>120 Bolivia St</b>	City <b>Willimantic</b>	State <b>CT</b>	Zip Code <b>06226-2818</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>State Rep.</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### B. Itemized Contributions from Individuals

Last Name O'Brien		First Name Dennis		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0980		Amount of Contribution	
Residential Street Address 120 Bolivia St			City Willimantic		State CT	Zip Code 06226-2818		Date Received 07/08/2010				
Principal Occupation Attorney			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 \$50.00			\$50.00	

Last Name Curry		First Name William		MI E	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 # 0986	Amount of Contribution
Residential Street Address 119 Town Farm Rd			City Farmington		State CT	Zip Code 06032-1522		Date Received 07/09/2010
Principal Occupation writer/business consultant			Name of Employer self employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name <b>Sweeney</b>		First Name <b>William</b>		MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0987</b>	Amount of Contribution       <b>\$100.00</b>
Residential Street Address <b>7 Foxcroft Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06119-1150</b>		Date Received <b>07/09/2010</b>	
Principal Occupation <b>Attorney</b>		Name of Employer <b>self</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  <b>\$100.00</b>		

Last Name Nash		First Name Bernard		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 # 0988	Amount of Contribution          \$100.00
Residential Street Address 10771 McGregor Dr		City Columbia		State MD	Zip Code 21044		Date Received 07/09/2010	
Principal Occupation Attorney		Name of Employer Dickstein Shapiro			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

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

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

Last Name <b>Nash</b>	First Name <b>Phyllis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0989</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>10771 McGregor Dr</b>	City <b>Columbia</b>	State <b>MD</b>	Zip Code <b>21044</b>	Date Received <b>07/09/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Marquis</b>	First Name <b>Milton</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0990</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>16433 Fox Valley Ter</b>	City <b>Rockville</b>	State <b>MD</b>	Zip Code <b>20853</b>	Date Received <b>07/09/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Dickstein Shapiro</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Kadzic</b>	First Name <b>Peter</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0991</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>5309 Cushing PI NW .</b>	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20016</b>	Date Received <b>07/09/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Dickstein Shapiro</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Smoyer</b>	First Name <b>Diane</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0992</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>3601 N Albemarle St</b>	City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Date Received <b>07/09/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Dickstein Shapiro</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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

Last Name <b>Feinstein</b>	First Name <b>Margaret</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0993</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>3937 N Dumbarton St</b>	City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Date Received <b>07/09/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Dickstein Shapiro</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Martin</b>	First Name <b>Ann</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0994</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>92 Dolphin Cv Quay</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-7734</b>	Date Received <b>07/09/2010</b>		
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Hoffman</b>	First Name <b>Stephen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0995</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>PO Box 3580</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-0580</b>	Date Received <b>07/09/2010</b>		
Principal Occupation <b>real estate</b>	Name of Employer <b>hoffman investment partners</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Taylor</b>	First Name <b>Allan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0996</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>238 Whitney St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105-2270</b>	Date Received <b>07/09/2010</b>		
Principal Occupation <b>attorney</b>	Name of Employer <b>Day Pitney LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		





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

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**B. Itemized Contributions from Individuals**

Last Name <b>Ramos</b>	First Name <b>Maryann</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1012</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>35 Homestead Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-4222</b>	Date Received <b>07/10/2010</b>		
Principal Occupation <b>None</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07082010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>Dubois</b>	First Name <b>Jonathan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1005</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>707 Steamboat Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830</b>	Date Received <b>07/10/2010</b>		
Principal Occupation <b>Executive</b>	Name of Employer <b>Indian Spring Land Co.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07082010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Segaloff</b>	First Name <b>Barbara</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0999</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>200 Fountain St Apt 712</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515</b>	Date Received <b>07/10/2010</b>		
Principal Occupation <b>Development</b>	Name of Employer <b>City of New Haven</b>	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <b>07032010a</b> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Mellis</b>	First Name <b>Joel</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1000</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>280 Barncroft Rd</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	Date Received <b>07/10/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Lawyer</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		





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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**B. Itemized Contributions from Individuals**

Last Name Hagegard	First Name Gayle	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 # 0997	Amount of Contribution
Residential Street Address 10 Birchwood Dr	City Greenwich	State CT	Zip Code 06831-3373	Date Received 07/10/2010		
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 \$40.00		
Last Name Fields	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0998	Amount of Contribution
Residential Street Address 631 Long Ridge Rd # 6	City Stamford	State CT	Zip Code 06902-1261	Date Received 07/10/2010		
Principal Occupation dentist	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Morley	First Name Thomas	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 # 1001	Amount of Contribution
Residential Street Address 6 Hunter St	City Old Greenwich	State CT	Zip Code 06870	Date Received 07/10/2010		
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07082010a</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 \$5.00		
Last Name Canner	First Name Glen	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 # 1002	Amount of Contribution
Residential Street Address 1465 Putnam Ave # 123	City Old Greenwich	State CT	Zip Code 06870	Date Received 07/10/2010		
Principal Occupation Attorney	Name of Employer Law Offices of Glen A. Canner	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07082010a</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		

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### B. Itemized Contributions from Individuals

Last Name Asselin		First Name Shawn		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1003		Amount of Contribution	
Residential Street Address 14 Crawford Ter			City Riverside			State CT	Zip Code 06878-1032		Date Received 07/10/2010			
Principal Occupation Sales Mgr			Name of Employer Data Mail				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07082010a</u> <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$75.00		\$75.00		

Last Name Blankley		First Name John		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 # 1011	Amount of Contribution
Residential Street Address 10 Doverton Dr .			City Greenwich		State CT	Zip Code 06831	Date Received 07/10/2010	
Principal Occupation CEO			Name of Employer Flagship Networks			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07082010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

Last Name Marzullo		First Name Drew		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 # 1014	Amount of Contribution
Residential Street Address 55 Orchard St		City Cos Cob		State CT	Zip Code 06807-2404		Date Received 07/10/2010	
Principal Occupation Paramedic GEMS		Name of Employer Democratic Selectman			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07082010a</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"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
\$100.00								

Last Name Richman		First Name Howard		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 # 1010	Amount of Contribution       \$25.00
Residential Street Address 387 Round Hill Rd		City Greenwich		State CT	Zip Code 06831	Date Received 07/10/2010		
Principal Occupation Executive		Name of Employer American Diabetes Assoc.			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>07082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

<b>Total of Section B</b>	<b>\$76,871.00</b>
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<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A & B)	(Total on Line 14 of Summary Page)	<b>\$76,871.00</b>
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**I. MONETARY RECEIPTS (Section A-I)**

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jepsen 2010				
<b>C1. Contributions from Other Committees</b>				
Name of Committee			Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1?         Yes      If yes, list Event # No		Amount of Contribution
City	State	Zip Code	Date Received Aggregate Contributions	
<b>Total of Section C1</b>				

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

NAME OF COMMITTEE				FILING DUE DATE	
Jepsen 2010					
<b>C2. Reimbursements or Payments from other Committees</b>					
Name of Committee Jepsen 2010 Exploratory Committee			Name of Treasurer		
Address PO Box 230161			Date Received 07/10/2010		Amount of Receipt  \$7,550.00
City Hartford	State CT	Zip Code 06123	<input checked="checked" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		
<b>Total of Section C2</b>					<b>\$7,550.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

**D. Loans Received this Period**

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

**Total of Section D**

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

NAME OF COMMITTEE		FILING DUE DATE	
Jepsen 2010			
<b>E. Personal Funds of the Candidate Received this Period</b>			
Date Received <b>06/21/2010</b>	Amount <b>\$100.00</b>	Method of Payment <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Total of Section E			<b>\$100.00</b>

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Jepsen 2010					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

<b>I. Monetary Receipts (Section A-I)</b>
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NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

<b>G. Interest from Deposits in Authorized Accounts</b>
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Name of Institution	Date Received	Total Amount Received
Street Address	City	State
		Zip Code
		<b>Total of Section G</b>



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

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

NAME OF COMMITTEE				FILING DUE DATE	
Jepsen 2010					
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Jepsen 2010	

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 05/19/2010 a	Meet and Greet Event	222 Main St	Wethersfield	CT	06109

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 05/20/2010 a	Meet and Greet Event	280 Trumbull St Fl 22	Hartford	CT	06103

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 05/25/2010 a	Luncheon Event	110 Davenport Farm Ln W	Stamford	CT	06903

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 06/02/2010 b	Home Fundraiser	674 Lincoln St	New Britain	CT	06052

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 06/02/2010 a	Breakfast Event	2316 Post Rd	Fairfield	CT	06824

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

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
06/05/2010 Letter a	Home Fundraiser	137 E Weatogue St	Simsbury	CT	06070

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
06/06/2010 Letter a	Meet and Greet Event	217 Middle Ridge Rd	New Canaan	CT	06840

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
06/09/2010 Letter a	Meet and Greet Event	451 Stillwater Rd	Stamford	CT	

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
06/13/2010 Letter a	Meet and Greet Event	12 Spectacle Ln	Ridgefield	CT	06877

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
06/16/2010 Letter a	Dinner Event	211 State St	Bridgeport	CT	06604

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

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser 06/18/2010	Description Letter a	Location: Street Address 1265 Racebrook	City Woodbridge	State CT	Zip Code 06525
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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

Fundraising Event # Date of Fundraiser 06/21/2010	Description Letter a	Location: Street Address 21 Oak St	City Hartford	State CT	Zip Code 06106
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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

Fundraising Event # Date of Fundraiser 06/22/2010	Description Letter a	Location: Street Address 46 Prospect St	City Hartford	State CT	Zip Code 06103
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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

Fundraising Event # Date of Fundraiser 06/23/2010	Description Letter a	Location: Street Address 3543 Main St Fl 2	City Bridgeport	State CT	Zip Code 06606
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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

Fundraising Event # Date of Fundraiser 06/26/2010	Description Letter b	Location: Street Address 27 Highview Rd	City Darien	State CT	Zip Code 06820
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Was this fundraising event hosted at a personal residence? ☒ Yes ☐ No

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser 06/27/2010	Description Letter b	Location: Street Address 324 Town St	City East Haddam	State CT	Zip Code 06423
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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

Fundraising Event # Date of Fundraiser 06/27/2010	Description Letter c	Location: Street Address 17 Stony Pt	City Westport	State CT	Zip Code 06880
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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

Fundraising Event # Date of Fundraiser 06/27/2010	Description Letter a	Location: Street Address 6 First St	City Norwalk	State CT	Zip Code 06855
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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

Fundraising Event # Date of Fundraiser 06/28/2010	Description Letter a	Location: Street Address 9 Old Sugar Hollow Rd	City Danbury	State CT	Zip Code 06810
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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

Fundraising Event # Date of Fundraiser 06/30/2010	Description Letter a	Location: Street Address 315 St Ronan St # 1	City New Haven	State CT	Zip Code 06511
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Was this fundraising event hosted at a personal residence? ☐ Yes ☒ No

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
07/01/2010 Letter a	Meet and Greet Event	164 Central St	Bristol	CT	06010

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
07/03/2010 Letter a	Meet and Greet Event	59 Elm St	New Haven	CT	06510

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
07/08/2010 Letter a	Home Fundraiser	22 Alden Rd	Greenwich	CT	06831

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

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 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
Jepsen 2010	

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

Name of the Donor <b>Richard Vogel</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation   <b>\$200.00</b>
Street Address <b>110 Davenport Farm Ln W</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>05/25/2010</b>	Event # <b>052510a</b>			

Name of the Donor <b>Pam Vogel</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation   <b>\$200.00</b>
Street Address <b>110 Davenport Farm Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>05/25/2010</b>	Event # <b>052510a</b>			

Name of the Donor <b>Theresa Gerratana</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation   <b>\$200.00</b>
Street Address <b>674 Lincoln St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/02/2010</b>	Event # <b>060210b</b>			

Name of the Donor <b>Frank Gerratana</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation   <b>\$200.00</b>
Street Address <b>674 Lincoln St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/02/2010</b>	Event # <b>060210b</b>			

Name of the Donor <b>Arthur House</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation   <b>\$200.00</b>
Street Address <b>137 E Weatogue</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/05/2010</b>	Event # <b>060510a</b>			

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	
<b>J3. In-Kind Donations Not Considered Contributions</b>	

Name of the Donor <b>Rita House</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$200.00</b>
Street Address <b>137 E Weatogue</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/05/2010</b>	Event # <b>060510a</b>			

Name of the Donor <b>Daniel Rashin</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$200.00</b>
Street Address <b>217 Middle Ridge Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/06/2010</b>	Event # <b>060610a</b>			

Name of the Donor <b>Penny Rashin</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$200.00</b>
Street Address <b>217 Middle Ridge Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/06/2010</b>	Event # <b>060610a</b>			

Name of the Donor <b>Elizabeth Thompson</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$150.00</b>
Street Address <b>12 Spectacle Ln</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Aggregate value for this event <b>\$150.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/13/2010</b>	Event # <b>061310a</b>			

Name of the Donor <b>Robert Thompson</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$150.00</b>
Street Address <b>12 Spectacle Ln</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Aggregate value for this event <b>\$150.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/13/2010</b>	Event # <b>061310a</b>			

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

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

Name of the Donor <b>Ellen Scalettar</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$200.00</b>
Street Address <b>1265 Racebrook Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/18/2010</b>	Event # <b>061810a</b>			

Name of the Donor <b>Britt Hall</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$200.00</b>
Street Address <b>27 Highview Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/26/2010</b>	Event # <b>062610b</b>			

Name of the Donor <b>Christopher Hall</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$200.00</b>
Street Address <b>27 Highview Rd</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/26/2010</b>	Event # <b>062610b</b>			

Name of the Donor <b>Joel Ide</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$150.00</b>
Street Address <b>324 Town St</b>	City <b>East Haddam</b>	State <b>CT</b>	Zip Code <b>06423</b>	Aggregate value for this event <b>\$150.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/27/2010</b>	Event # <b>062710b</b>			

Name of the Donor <b>Ann Scheffler</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$150.00</b>
Street Address <b>17 Stony Point Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Aggregate value for this event <b>\$150.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/27/2010</b>	Event # <b>062710c</b>			

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	
<b>J3. In-Kind Donations Not Considered Contributions</b>	

Name of the Donor <b>William Scheffler</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation       <b>\$150.00</b>
Street Address <b>17 Stony Point Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Aggregate value for this event <b>\$150.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/27/2010</b>	Event # <b>062710c</b>			

Name of the Donor <b>James Cohen</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation       <b>\$200.00</b>
Street Address <b>315 Saint Ronan St # 1</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/30/2010</b>	Event # <b>063010a</b>			

Name of the Donor <b>Fran DeToro</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation       <b>\$200.00</b>
Street Address <b>315 Saint Ronan St # 1</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation <b>Food &amp; Beverages</b>		Date Received <b>06/30/2010</b>	Event # <b>063010a</b>			

Name of the Donor <b>Tracy Lavery</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation       <b>\$200.00</b>
Street Address <b>22 Alden Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation		Date Received <b>07/08/2010</b>	Event # <b>070810a</b>			

Name of the Donor <del>Linda Lavery</del>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation       <del>\$200.00</del>
Street Address <del>22 Alden Rd</del>	City <del>Greenwich</del>	State <del>CT</del>	Zip Code <del>06831-4447</del>	Aggregate value for this event <del>\$0.00</del>		
Description of Donation		Date Received <del>07/08/2010</del>	Event # <del>070810a</del>			

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	
<b>J3. In-Kind Donations Not Considered Contributions</b>	

Name of the Donor <del>Tracy Lavery</del>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$200.00</b>
Street Address <del>22 Alden Rd</del>	City <del>Greenwich</del>	State <del>CT</del>	Zip Code <del>06831</del>	Aggregate value for this event <del>\$0.00</del>		
Description of Donation		Date Received <del>07/08/2010</del>	Event # <del>070810a</del>			

Name of the Donor <b>Linda Lavery</b>				Donation Given by: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation          <b>\$200.00</b>
Street Address <b>22 Alden Rd</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831-4447</b>	Aggregate value for this event <b>\$200.00</b>		
Description of Donation		Date Received <b>07/08/2010</b>	Event # <b>070810a</b>			

<b>Total of Section J3</b>						<b>\$3,750.00</b>
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### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

#### K. In-Kind Contributions

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

**Total of Section K**

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 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	
<b>Total of Section L</b>				

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

#### M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee

Name of Committee <b>Democratic State Central Committee</b>		Name of Treasurer <b>Emma W. Pierce</b>		
Street Address <b>330 Main St Fl 3 .</b>		Date Notice Received <b>06/10/2010</b>	Fair Market Value of Donation  <b>\$237.17</b>	
City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>		Aggregate Donations <b>\$277.76</b>
Description of Donation <b>Use of Bulk Mail Permit</b>		Purpose of Expenditure <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E		

Name of Committee <b>Democratic State Central Committee</b>		Name of Treasurer <b>Emma W. Pierce</b>		
Street Address <b>330 Main St Fl 3 .</b>		Date Notice Received <b>06/10/2010</b>	Fair Market Value of Donation  <b>\$40.59</b>	
City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>		Aggregate Donations <b>\$277.76</b>
Description of Donation <b>Use of Bulk Mail Permit</b>		Purpose of Expenditure <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E		

Name of Committee <b>Democratic State Central Committee</b>		Name of Treasurer <b>Emma W. Pierce</b>		
Street Address <b>330 Main St Fl 3 .</b>		Date Notice Received <b>06/25/2010</b>	Fair Market Value of Donation  <b>\$35.43</b>	
City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>		Aggregate Donations <b>\$313.19</b>
Description of Donation <b>Use of Bulk Mail Permit</b>		Purpose of Expenditure <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E		

Total of Section M

**\$313.19**



## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
<del>Thompson Page</del>					05/18/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
226 Kenyon St	Hartford	CT	06105-2240	FOOD			
Description					Event #		
Reimbursement for Beverages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$42.36
Name of Payee					Date of Payment	Method of Payment	Amount
Thompson Page					05/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
226 Kenyon St	Hartford	CT	06105-2240	FOOD			
Description					Event #		
Reimbursement for Beverages (CT Liquor Outlet)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$42.36
Name of Payee					Date of Payment	Method of Payment	Amount
Mr. Anthony J. Homicki					05/19/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
201 Cumberland Ave	Wethersfield	CT	06109-1603	FNDR			
Description					Event #		
Bill for Fundraiser							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
							\$450.00

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Anthony Homicki</b>					Date of Payment <b>05/19/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>201 Cumberland Ave</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109-1603</b>	Purpose of Expenditure <b>FNDR</b>	<b>112</b> <input type="checkbox"/> Debit Card		
Description <b>Bill for Fundraiser (Lucky Lou's Bar &amp; Grill)</b>					Event # <b>05192010a</b>		
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	<b>\$450.00</b>	
Name of Payee <b>Phil Sherwood</b>					Date of Payment <b>05/20/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <b>420 Commonwealth Ave</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06053</b>	Purpose of Expenditure <b>OFFICE</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Reimbursement for Office Supplies</b>					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	<b>\$33.91</b>	
Name of Payee <b>Phil Sherwood</b>					Date of Payment <b>05/21/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <b>420 Commonwealth Ave</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06053</b>	Purpose of Expenditure <b>OFFICE</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Reimbursement for Office Supplies</b>					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	<b>\$33.91</b>	

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee <b>Phil Sherwood</b>					Date of Payment <b>05/21/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address <b>420 Commonwealth Ave</b>		City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06053</b>	Purpose of Expenditure <b>OFFICE</b>	<b>109</b> <input type="checkbox"/> Debit Card	
Description <b>Reimbursement for Office Supplies (Office Depot)</b>						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		<b>\$67.82</b>	
Name of Payee <b>Fedex-Kinko's</b>					Date of Payment <b>05/21/2010</b>	Method of Payment <input type="checkbox"/> Check #	
Street Address <b>544 Farmington Ave</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Purpose of Expenditure <b>PRNT</b>	<input checked="" type="checkbox"/> Debit Card	
Description <b>Photocopies</b>						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		<b>\$212.00-</b>	
Name of Payee <b>Fedex-Kinko's</b>					Date of Payment <b>05/21/2010</b>	Method of Payment <input type="checkbox"/> Check #	
Street Address <b>544 Farmington Ave</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Purpose of Expenditure <b>PRNT</b>	<input checked="" type="checkbox"/> Debit Card	
Description <b>Copies</b>						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		<b>\$74.20-</b>	

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
<b>Total Graphic Solutions</b>					<b>05/21/2010</b>	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<b>115</b>	<input type="checkbox"/> Debit Card	
<b>111 Brookside Rd</b>	<b>New Britain</b>	<b>CT</b>	<b>06052</b>	<b>PRNT</b>			
Description					Event #		
<b>Printing (Invoices 468, 474 &amp; 476</b>							
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							<b>\$6,748.46</b>
Name of Payee					Date of Payment	Method of Payment	Amount
<b>CT Expo Center</b>					<b>05/21/2010</b>	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
<b>165 Reverend Moody Overpass</b>	<b>Hartford</b>	<b>CT</b>	<b>06144</b>	<b>FOOD</b>			
Description					Event #		
<b>Dem. Convention Catering</b>							
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							<b>\$656.67</b>
Name of Payee					Date of Payment	Method of Payment	Amount
<del>Target Consulting</del>					<del>05/24/2010</del>	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
<del>161 N Quaker Ln</del>	<del>West Hartford</del>	<del>CT</del>	<del>06119</del>	<del>CNSLT</del>			
Description					Event #		
<del>Consulting Fee</del>							
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							<del>\$3,000.00</del>

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Target Consulting</b>					Date of Payment <b>05/24/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount         <b>\$3,000.00</b>
Street Address <b>161 N Quaker Ln</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Purpose of Expenditure <b>CNSLT</b>	<b>114</b> <input type="checkbox"/> Debit Card		
Description <b>Consulting Fee</b>					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		
Name of Payee <b>Kevin Clemency</b>					Date of Payment <b>05/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount         <b>\$73.14</b>
Street Address <b>231 Dogwood Ln</b>	City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-1642</b>	Purpose of Expenditure <b>PRNT</b>	<b>110</b> <input type="checkbox"/> Debit Card		
Description <b>Reimbursement for Photocopies (Fedex Kinko's)</b>					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		
Name of Payee <del>Kevin Clemency</del>					Date of Payment <del>05/25/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount         <del>\$73.14</del>
Street Address <del>231 Dogwood Ln</del>	City <del>Manhasset</del>	State <del>NY</del>	Zip Code <del>11030-1642</del>	Purpose of Expenditure <del>PRNT</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Photocopies</del>					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		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>US Post Office</b>					Date of Payment <b>05/26/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <b>102 Lasalle Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Purpose of Expenditure <b>POST</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Postage</b>					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	
							<b>\$88.00-</b>
Name of Payee <b>Connecticut Network (CTN)</b>					Date of Payment <b>05/27/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <b>21 Oak St Ste 605</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Purpose of Expenditure <b>Misc *</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Video of Convention Speech</b>					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	
							<b>\$35.99-</b>
Name of Payee <b>Anthony Krize</b>					Date of Payment <b>05/27/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <b>406 Cutlers Farm Rd</b>	City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Wages</b>					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	
							<b>\$323.22-</b>

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Paychex, Inc.</b>					Date of Payment <b>05/27/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount  <b>\$1,990.03-</b>
Street Address <b>55 Capitol Blvd Ste 302</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Wages</b>					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		
Name of Payee <del>Connecticut Natural Gas Corporation</del>					Date of Payment <del>06/01/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount  <b>\$800.00-</b>
Street Address <del>PO Box 1085</del>	City <del>Augusta</del>	State <del>ME</del>	Zip Code	Purpose of Expenditure <del>OVHD</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Gas Utility Deposit</del>					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		
Name of Payee <b>Connecticut Natural Gas Corporation</b>					Date of Payment <b>06/01/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount  <b>\$800.00</b>
Street Address <b>PO Box 1085</b>	City <b>Augusta</b>	State <b>ME</b>	Zip Code	Purpose of Expenditure <b>OVHD</b>	<b>101</b> <input type="checkbox"/> Debit Card		
Description <b>Gas Utility Deposit</b>					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		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Mary Zeman</b>					Date of Payment <b>06/01/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount        <b>\$195.79</b>
Street Address <b>43 Iroquois Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Purpose of Expenditure <b>FNDR</b>	<b>111</b> <input type="checkbox"/> Debit Card		
Description <b>Reimbursement for Office Supplies and Postage</b>					Event # <b>05192010a</b>		
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  		
Name of Payee <del>Total Graphic Solutions</del>					Date of Payment <del>06/01/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount        <del>\$1,139.50</del>
Street Address <del>111 Brookside Rd</del>	City <del>New Britain</del>	State <del>CT</del>	Zip Code <del>06052</del>	Purpose of Expenditure <del>PRNT</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Printing</del>					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  		
Name of Payee <del>Thomas Gahan</del>					Date of Payment <del>06/02/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount        <del>\$275.00</del>
Street Address <del>196 Harwood Rd</del>	City <del>Waterbury</del>	State <del>CT</del>	Zip Code <del>06706</del>	Purpose of Expenditure <del>REF</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Return of Funds over \$100</del>					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  		



## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee <b>Thomas Gahan</b>					Date of Payment <b>06/02/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address <b>196 Harwood Rd</b>		City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06706</b>	Purpose of Expenditure <b>REF</b>	<input type="checkbox"/> Debit Card	
Description <b>Return of Funds over \$100</b>						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							
<b>\$275.00</b>							
Name of Payee <b>Flowers West</b>					Date of Payment <b>06/03/2010</b>	Method of Payment <input type="checkbox"/> Check #	
Street Address <b>842 Farmington Ave</b>		City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Purpose of Expenditure <b>Misc *</b>	<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							
<b>\$68.90-</b>							
Name of Payee <b>Merchant Card Processing</b>					Date of Payment <b>06/03/2010</b>	Method of Payment <input type="checkbox"/> Check #	
Street Address <b>PO Box 407066</b>		City <b>Fort Lauderdale</b>	State <b>FL</b>	Zip Code <b>33340</b>	Purpose of Expenditure <b>Misc *</b>	<input checked="" type="checkbox"/> Debit Card	
Description <b>Merchant Bank Discount (Online Contribution Processing)</b>						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							
<b>\$18.00</b>							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Merchant Card Processing</b>					Date of Payment <b>06/03/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$86.20</b>
Street Address <b>PO Box 407066</b>	City <b>Fort Lauderdale</b>	State <b>FL</b>	Zip Code <b>33340</b>	Purpose of Expenditure <b>Misc *</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Merchant Bank Discount (Online Contribution Processing)</b>					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	
Name of Payee <b>Merchant Card Processing</b>					Date of Payment <b>06/03/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$189.85</b>
Street Address <b>PO Box 407066</b>	City <b>Fort Lauderdale</b>	State <b>FL</b>	Zip Code <b>33340</b>	Purpose of Expenditure <b>Misc *</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Merchant Bank Interchn</b>					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	
Name of Payee <b>Prospect Ventures, LLC</b>					Date of Payment <b>06/03/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$1,800.00</b>
Street Address <b>33 Girard Ave</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Purpose of Expenditure <b>OVHD</b>	<u>100</u> <input type="checkbox"/> Debit Card		
Description <b>Rent</b>					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	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee <b>US Post Office</b>					Date of Payment <b>06/03/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount         <b>\$176.00-</b>
Street Address <b>433 Woodland St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06112</b>	Purpose of Expenditure <b>POST</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Postage</b>					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		
Name of Payee <b>William Ford</b>					Date of Payment <b>06/05/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount         <b>\$150.00</b>
Street Address <b>223 Atlantic Ave Apt 4-A</b>	City <b>Palm Beach</b>	State <b>FL</b>	Zip Code <b>33480</b>	Purpose of Expenditure <b>REF</b>	<b>133</b> <input type="checkbox"/> Debit Card		
Description <b>Return of Donation over \$100</b>					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		
Name of Payee <del>William Ford</del>					Date of Payment <del>06/05/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount         <del>\$150.00-</del>
Street Address <del>223 Atlantic Ave Apt 4-A</del>	City <del>Palm Beach</del>	State <del>FL</del>	Zip Code <del>33480</del>	Purpose of Expenditure <del>REF</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Return of Donation over \$100</del>					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		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <del>William Kosturko</del>					Date of Payment <del>06/05/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount  <del>\$275.00</del>
Street Address <del>201 Water St</del>	City <del>Guilford</del>	State <del>CT</del>	Zip Code <del>06437</del>	Purpose of Expenditure <del>REF</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Return of Donation over \$100</del>					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  		
Name of Payee <b>William Kosturko</b>					Date of Payment <b>06/05/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount  <b>\$275.00</b>
Street Address <b>201 Water St</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437</b>	Purpose of Expenditure <b>REF</b>	<b>135</b> <input type="checkbox"/> Debit Card		
Description <b>Return of Donation over \$100</b>					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  		
Name of Payee <b>Verizon Wireless</b>					Date of Payment <b>06/08/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount  <b>\$22.44</b>
Street Address <b>PO Box 4003</b>	City <b>Acworth</b>	State <b>GA</b>	Zip Code <b>30101</b>	Purpose of Expenditure <b>WAGE</b>	<b>102</b> <input type="checkbox"/> Debit Card		
Description <b>Staff Cell Phone Bill (PS)</b>					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  		

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee <b>Staples</b>					Date of Payment <b>06/08/2010</b>	Method of Payment <input type="checkbox"/> Check #	
Street Address <b>2550 Albany Ave</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06117</b>	Purpose of Expenditure <b>OFFICE</b>	
Description <b>Office Supplies</b>						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			
Amount <b><del>\$78.38</del></b>							
Name of Payee <b>Anthony Krize</b>					Date of Payment <b>06/09/2010</b>	Method of Payment <input type="checkbox"/> Check #	
Street Address <b>406 Cutlers Farm Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>	Purpose of Expenditure <b>FOOD</b>	
Description <b>Bill for Fundraiser</b>						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			
Amount <b><del>\$421.00</del></b>							
Name of Payee <b>Anthony Krize</b>					Date of Payment <b>06/09/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address <b>406 Cutlers Farm Rd</b>		City <b>Monroe</b>		State <b>CT</b>	Zip Code <b>06468</b>	Purpose of Expenditure <b>FOOD</b>	
Description <b>Reimbursed for Bill for Fundraiser (Zody's 19th Hole)</b>						Event # <b>06092010a</b>	
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			
Amount <b>\$421.00</b>							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee <b>Connecticut Bar Association</b>					Date of Payment <b>06/09/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount         <b><del>\$55.00</del></b>
Street Address <b>30 Bank St., P.O. Box 350</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06050</b>	Purpose of Expenditure <b>Misc *</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Admissions Ticket</b>					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	
Name of Payee US Post Office					Date of Payment 06/10/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount         <b>\$51.81</b>
Street Address 141 Weston St	City Hartford	State CT	Zip Code 06120	Purpose of Expenditure POST	<u>103</u> <input type="checkbox"/> Debit Card		
Description Bulk Postage					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	
Name of Payee US Post Office					Date of Payment 06/10/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount         <b>\$288.19</b>
Street Address 141 Weston St	City Hartford	State CT	Zip Code 06120	Purpose of Expenditure POST	<u>104</u> <input type="checkbox"/> Debit Card		
Description Bulk Postage					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	

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee <b>Trueserve</b>					Date of Payment <b>06/11/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address <b>31 Pratt St</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06103</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card	
Description <b>Consulting Fee</b>						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			
<b>\$1,000.00</b>							
Name of Payee <b>Staples</b>					Date of Payment <b>06/14/2010</b>	Method of Payment <input type="checkbox"/> Check #	
Street Address <b>2550 Albany Ave</b>		City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	Purpose of Expenditure <b>OFFICE</b>	<input checked="" type="checkbox"/> Debit Card	
Description <b>Office Supplies</b>						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			
<b>\$67.82</b>							
Name of Payee <b>Philip Sherwood</b>					Date of Payment <b>06/14/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address <b>420 Commonwealth Ave</b>		City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06053</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card	
Description <b>Consulting Fee</b>						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			
<b>\$1,000.00</b>							

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee <b>Jepsen 2010 Exploratory Committee</b>					Date of Payment <b>06/14/2010</b>	Method of Payment <input type="checkbox"/> Check #	
Street Address <b>PO Box 230161</b>		City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06123</b>	Purpose of Expenditure <b>POC</b>	<input checked="" type="checkbox"/> Debit Card	
Description <b>Reimbursement to Exploratory Cmte for Expenses Incurred After Formation of Candidate Cmte</b>						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		<b>\$5,447.29</b>	
Name of Payee <b>George Jepsen</b>					Date of Payment <b>06/16/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address <b>31 Barnum Pl</b>		City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Purpose of Expenditure <b>FNDR</b>	<b>119</b> <input type="checkbox"/> Debit Card	
Description <b>Reimbursement for Fundraiser Bill (Tiago's)</b>						Event # <b>06162010a</b>	
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		<b>\$315.86</b>	
Name of Payee <del>George Jepsen</del>					Date of Payment <del>06/16/2010</del>	Method of Payment <input type="checkbox"/> Check #	
Street Address <del>31 Barnum Pl</del>		City <del>Ridgefield</del>	State <del>CT</del>	Zip Code <del>06877</del>	Purpose of Expenditure <del>FNDR</del>	<input checked="" type="checkbox"/> Debit Card	
Description <del>Food and Beverages</del>						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		<del>\$315.86</del>	



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee <b>Patrick Shortell</b>					Date of Payment <b>06/21/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>17 Foxcroft Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	Purpose of Expenditure <b>FNDR</b>	<b>118</b> <input type="checkbox"/> Debit Card		
Description <b>Reimbursement for Food (Lox Stock &amp; Bagel</b>					Event # <b>06212010a</b>		
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		
						<b>\$64.74</b>	
Name of Payee <del>Patrick Shortell</del>					Date of Payment <del>06/21/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <del>17 Foxcroft Rd</del>	City <del>West Hartford</del>	State <del>CT</del>	Zip Code <del>06119</del>	Purpose of Expenditure <del>FNDR</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Food and Beverages</del>					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		
						<del>\$64.74</del>	
Name of Payee <b>William Roberts</b>					Date of Payment <b>06/21/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>58 Country Ln</b>	City <b>Collinsville</b>	State <b>CT</b>	Zip Code <b>06019</b>	Purpose of Expenditure <b>REF</b>	<b>113</b> <input type="checkbox"/> Debit Card		
Description <b>Return of Funds</b>					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		
						<b>\$75.00</b>	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee <b>Kevin Clemency</b>					Date of Payment <b>06/23/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <b>231 Dogwood Ln</b>	City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-1642</b>	Purpose of Expenditure <b>FNDR</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Photocopies</b>					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		
							<del>\$55.65</del>
Name of Payee <b>Kevin Clemency</b>					Date of Payment <b>06/23/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>231 Dogwood Ln</b>	City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-1642</b>	Purpose of Expenditure <b>FNDR</b>	<b>117</b> <input type="checkbox"/> Debit Card		
Description <b>Reimbursement for Photocopies (Fedex Kinko's)</b>					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		
							<b>\$55.65</b>
Name of Payee <b>Walter Leckowicz</b>					Date of Payment <b>06/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>729 Prospect</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	Purpose of Expenditure <b>REF</b>	<b>129</b> <input type="checkbox"/> Debit Card		
Description <b>Return of Donation over \$100</b>					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		
							<b>\$100.00</b>

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <del>Walter Leckowicz</del>					Date of Payment <del>06/25/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <del>729 Prospect</del>	City <del>Wethersfield</del>	State <del>CT</del>	Zip Code <del>06109</del>	Purpose of Expenditure <del>REF</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Return of Donation over \$100</del>					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	<del>\$100.00</del>	
Name of Payee <b>Paychex, Inc.</b>					Date of Payment <b>06/25/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <b>55 Capitol Blvd Ste 302</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Wages</b>					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	<b>\$4,309.19</b>	
Name of Payee <b>Paychex, Inc.</b>					Date of Payment <b>06/25/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address <b>55 Capitol Blvd Ste 302</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Payroll Taxes</b>					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	<b>\$1,493.57</b>	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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## N. Expenses Paid By Committee

Name of Payee <b>US Post Office</b>					Date of Payment <b>06/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount        <b>\$74.57</b>
Street Address <b>141 Weston St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06120</b>	Purpose of Expenditure <b>POST</b>	<b>116</b> <input type="checkbox"/> Debit Card		
Description <b>Bulk Postage</b>					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		
Name of Payee <b>Connecticut Light &amp; Power</b>					Date of Payment <b>06/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount        <b>\$143.19</b>
Street Address <b>PO Box 150493</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06115</b>	Purpose of Expenditure <b>OVHD</b>	<b>121</b> <input type="checkbox"/> Debit Card		
Description <b>Electric Utility Bill</b>					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		
Name of Payee <del>Connecticut Light &amp; Power</del>					Date of Payment <del>06/25/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount        <del>\$143.19</del>
Street Address <del>PO Box 150493</del>	City <del>Hartford</del>	State <del>CT</del>	Zip Code <del>06115</del>	Purpose of Expenditure <del>OVHD</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Electric Utility Bill</del>					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		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Verizon Wireless</b>					Date of Payment <b>06/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount        <b>\$113.03</b>
Street Address <b>PO Box 4003</b>	City <b>Acworth</b>	State <b>GA</b>	Zip Code <b>30101</b>	Purpose of Expenditure <b>WAGE</b>	<input type="checkbox"/> Debit Card		
Description <b>Staff Cell Phone Bill (PS)</b>					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  		
Name of Payee <del>Verizon Wireless</del>					Date of Payment <del>06/25/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount        <del>\$113.03</del>
Street Address <del>PO Box 4003</del>	City <del>Acworth</del>	State <del>GA</del>	Zip Code <del>30101</del>	Purpose of Expenditure <del>WAGE</del>	<input checked="" type="checkbox"/> Debit Card		
Description <del>Staff Cell Phone Bill (PS)</del>					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  		
Name of Payee <b>Total Graphic Solutions</b>					Date of Payment <b>06/30/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount        <b>\$604.20</b>
Street Address <b>111 Brookside Rd</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Purpose of Expenditure <b>PRNT</b>	<input type="checkbox"/> Debit Card		
Description <b>Printing (Invoice 478)</b>					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  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Wentworth DeAngelis Inc.</b>					Date of Payment <b>06/30/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>124</b>	Amount         <b>\$895.10</b>
Street Address <b>74 Batterson Park Rd</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06034</b>	Purpose of Expenditure <b>OVHD</b>	<input type="checkbox"/> Debit Card		
Description <b>Workers Comp &amp; Liability Insurance</b>					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  		
Name of Payee <b>Rolling Cones Ice Cream, LLC</b>					Date of Payment <b>06/30/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>122</b>	Amount         <b>\$80.00</b>
Street Address <b>6 1st St</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06855</b>	Purpose of Expenditure <b>FNDR</b>	<input type="checkbox"/> Debit Card		
Description <b>Bill for Fundraiser</b>					Event # <b>06272010a</b>		
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  		
Name of Payee <b>Prospect Ventures, LLC</b>					Date of Payment <b>07/02/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>125</b>	Amount         <b>\$1,800.00</b>
Street Address <b>33 Girard Ave</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Purpose of Expenditure <b>OVHD</b>	<input type="checkbox"/> Debit Card		
Description <b>Rent</b>					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  		

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Merchant Card Processing				07/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 407066	Fort Lauderdale	FL	33340	Misc *		
Description					Event #	
Merchant Bnkcd Interchnng (Online Contribution Processing)						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$227.98

Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Card Processing					07/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
PO Box 407066	Fort Lauderdale	FL	33340	Misc *			
Description						Event #	
Merchant Bnkcd Discount (Online Contribution Processing)							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$129.90

Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Card Processing					07/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 407066	Fort Lauderdale	FL	33340	Misc *		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Merchant Bnkcd Fee (Online Contribution Processing)							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
							\$31.20

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee <b>Comcast</b>					Date of Payment <b>07/07/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address <b>PO Box 1577</b>		City <b>Newark</b>		State <b>NJ</b>	Zip Code <b>07101</b>	Purpose of Expenditure <b>OVHD</b>	
Description <b>Internet &amp; Phone Service</b>						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			
<b>\$166.10</b>							
Name of Payee <del>Comcast</del>					Date of Payment <del>07/07/2010</del>	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address <del>PO Box 1577</del>		City <del>Newark</del>		State <del>NJ</del>	Zip Code <del>07101</del>	Purpose of Expenditure <del>OVHD</del>	
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			
<del>\$166.10</del>							
Name of Payee Susman, Duffy & Segaloff					Date of Payment 07/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	
Street Address PO Box 1684		City New Haven		State CT	Zip Code 06507	Purpose of Expenditure FNDR	
Description Invitations for Fundraiser						Event # 07032010a	
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			
<b>\$70.40</b>							



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Prospect Ventures, LLC</b>					Date of Payment <b>07/07/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>33 Girard Ave</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Purpose of Expenditure <b>OVHD</b>	<del>131</del> <input type="checkbox"/> Debit Card		
Description <b>Reimbursement for Gas Utility Bill (CT Natural Gas)</b>					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		
							<del>\$107.99</del>
Name of Payee <b>Prospect Ventures, LLC</b>					Date of Payment <b>07/07/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>33 Girard Ave</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	Purpose of Expenditure <b>OVHD</b>	<b>131</b> <input type="checkbox"/> Debit Card		
Description <b>Reimbursement for Gas Utility Bill (CT Natural Gas)</b>					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		
							<b>\$107.99</b>
Name of Payee Kevin Clemency					Date of Payment 07/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 231 Dogwood Ln	City Manhasset	State NY	Zip Code 11030-1642	Purpose of Expenditure OFFICE	<u>132</u> <input type="checkbox"/> Debit Card		
Description Reimbursement for office supplies from Staples					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		
							\$112.14

## IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Jepsen 2010								
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
Phil Sherwood					07/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>138</u>		
420 Commonwealth Ave		New Britain	CT	06053	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #			
Consulting Fee								
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								
							\$2,000.00	
Name of Payee					Date of Payment	Method of Payment		Amount
Hon. Elizabeth Bye					07/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>128</u>		
99 Outlook Ave		West Hartford	CT	06119-1432	FNDR	<input type="checkbox"/> Debit Card		
Description					Event #			
Reimbursement for Breakfast Event (Whole Foods)					06212010a			
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								
							\$68.14	
Name of Payee					Date of Payment	Method of Payment		Amount
Hon. Elizabeth Bye					07/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>128</u>		
99 Outlook Ave		West Hartford	CT	06119-1432	FNDR	<input type="checkbox"/> Debit Card		
Description					Event #			
Reimbursement for Breakfast Event					06212010a			
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								
							<del>\$68.14</del>	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee <b>Clare Kindall</b>					Date of Payment <b>07/07/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>46 Bishop Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119-1535</b>	Purpose of Expenditure <b>Misc *</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>Reimbursement for Candy for July 4th Parades (purchased @ BJ's)</b>					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		
						<del>\$60.78</del>	
Name of Payee <b>Clare Kindall</b>					Date of Payment <b>07/07/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>46 Bishop Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119-1535</b>	Purpose of Expenditure <b>Misc *</b>	<input type="checkbox"/> Debit Card		
Description <b>Reimbursement for Candy for July 4th Parades (purchased @ BJ's)</b>					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		
						<b>\$60.78</b>	
Name of Payee Jepsen 2010 Exploratory Committee					Date of Payment 07/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 230161	City Hartford	State CT	Zip Code 06123	Purpose of Expenditure POC	<input type="checkbox"/> Debit Card		
Description Reimbursement to Exploratory Cmte for Expenses incurred after formation of Candidate Cmte					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		
						\$7,550.15	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## N. Expenses Paid By Committee

Name of Payee Robert Biondino					Date of Payment 07/09/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$100.00
Street Address 197 Cheshire Rd	City Wallingford	State CT	Zip Code 06492	Purpose of Expenditure REF	<u>130</u> <input type="checkbox"/> Debit Card		
Description Return of Donation over \$100					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  		
Name of Payee Jennifer Jaff					Date of Payment 07/09/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$50.00
Street Address 18 Timberline Dr	City Farmington	State CT	Zip Code 06032-1744	Purpose of Expenditure REF	<u>126</u> <input type="checkbox"/> Debit Card		
Description Reimbursement of Donation over \$100					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  		
Name of Payee Paychex, Inc.					Date of Payment 07/09/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$1,495.98
Street Address 55 Capitol Blvd Ste 302	City Rocky Hill	State CT	Zip Code 06067	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description Payroll Taxes					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  		

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc.					07/09/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
55 Capitol Blvd Ste 302	Rocky Hill	CT	06067	WAGE			
Description					Event #		\$4,081.72
Wages							
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							
Name of Payee					Date of Payment	Method of Payment	Amount
2Dog Media					07/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>137</u> <input type="checkbox"/> Debit Card		
260 France St	Rocky Hill	CT	06067	WEB			
Description					Event #		\$500.00
Website Maintainence (June/July)							
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							
Total of Section N						\$49,278.93	

**IV. EXPENDITURES**

NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010							
<b>O. Campaign Expenses Paid By Candidate</b>							
Name of Payee <b>Tiago's Restaurant &amp; Bar</b>				Date of Payment <b>06/16/2010</b>		Is Reimbursement Claimed?	
Street Address <b>211 State St</b>				City <b>Bridgeport</b>		<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No	
State <b>CT</b>				Zip Code <b>06604</b>			
Purpose of Expenditure <b>FNDR</b>		Description <b>Bill for Fundraiser (Tiago's) -- Per L. Zaccagnino, this is also listed in Sections N &amp; R</b>				Event # <b>06162010a</b>	
							<b>\$315.86</b>
Total of Section O							<b>\$315.86</b>

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Jepsen 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	
Jepsen 2010						
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div>						
<div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jensen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Mary Zeman</b>		Date of Payment <b>05/10/2010</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>111</b>	Amount
Secondary Payee <b>Staples</b>		Purpose of Expenditure <b>FNDR</b>		<input type="checkbox"/> Debit Card	
Street Address <b>2550 Albany Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>		
Description <b>Fundraiser Invites</b>			Event # <b>05192010a</b>		
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	
<b>\$20.35</b>					

Name of Worker/Consultant <b>Mary Zeman</b>		Date of Payment <b>05/10/2010</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>111</b>	Amount
Secondary Payee <b>Staples</b>		Purpose of Expenditure <b>FNDR</b>		<input type="checkbox"/> Debit Card	
Street Address <b>2550 Albany Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>		
Description <b>Fundraiser Invites</b>			Event # <b>05192010a</b>		
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	
<b>\$43.44</b>					

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Mary Zeman</b>		Date of Payment <b>05/10/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>111</b>	Amount          <b>\$132.00</b>
Secondary Payee <b>US Post Office</b>		Purpose of Expenditure <b>POST</b>	<input type="checkbox"/> Debit Card	
Street Address <b>12 Crossroads Plz</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	
Description <b>Postage</b>			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		
Name of Worker/Consultant <del>Page, Thompson</del>		Date of Payment <del>05/18/2010</del>	Method of Payment <input checked="" type="checkbox"/> Check # <del>140</del>	Amount          <del>\$42.36</del>
Secondary Payee <del>Connecticut Liquor Outlet</del>		Purpose of Expenditure <del>FOOD</del>	<input type="checkbox"/> Debit Card	
Street Address <del>117 Prospect Ave</del>	City <del>Hartford</del>	State <del>CT</del>	Zip Code <del>06106</del>	
Description <del>Beverages</del>			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		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Page, Thompson</b>		Date of Payment <b>05/18/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>139</b>	Amount          <b>\$42.36</b>
Secondary Payee <b>Connecticut Liquor Outlet</b>		Purpose of Expenditure <b>FOOD</b>	<input type="checkbox"/> Debit Card	
Street Address <b>117 Prospect Ave</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	
Description <b>Beverages</b>			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		

  

Name of Worker/Consultant <b>Anthony Homicki</b>		Date of Payment <b>05/19/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>112</b>	Amount          <b>\$450.00</b>
Secondary Payee <b>Lucky Lou's Bar &amp; Grill</b>		Purpose of Expenditure <b>FNDR</b>	<input type="checkbox"/> Debit Card	
Street Address <b>222 Main St</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	
Description <b>Bill for Fundraiser</b>			Event # <b>05192010a</b>	
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		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <del>Sherwood, Philip</del>		Date of Payment <del>05/20/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <del>Office Depot</del>		Purpose of Expenditure <del>OFFICE</del>	<input checked="" type="checkbox"/> Debit Card	
Street Address <del>1451 New Britain Ave</del>	City <del>West Hartford</del>	State <del>CT</del>	Zip Code <del>06110</del>	
Description <del>Office Supplies</del>			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		
				<del>\$33.91</del>

  

Name of Worker/Consultant <b>Sherwood, Philip</b>		Date of Payment <b>05/20/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>109</b>	Amount
Secondary Payee <b>Office Depot</b>		Purpose of Expenditure <b>OFFICE</b>	<input type="checkbox"/> Debit Card	
Street Address <b>1451 New Britain Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06110</b>	
Description <b>Office Supplies</b>			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		
				<b>\$33.91</b>

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Sherwood, Philip</b>		Date of Payment <b>05/21/2010</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>109</b>		Amount
Secondary Payee <b>Office Depot</b>		Purpose of Expenditure <b>OFFICE</b>		<input type="checkbox"/> Debit Card		
Street Address <b>1451 New Britain Ave</b>		City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06110</b>		
Description <b>Office Supplies</b>					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		<b>\$33.91</b>

  

Name of Worker/Consultant <del>Sherwood, Philip</del>		Date of Payment <del>05/21/2010</del>		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee <del>Office Depot</del>		Purpose of Expenditure <del>OFFICE</del>		<input checked="" type="checkbox"/> Debit Card		
Street Address <del>1451 New Britain Ave</del>		City <del>West Hartford</del>	State <del>CT</del>	Zip Code <del>06110</del>		
Description <del>Office Supplies</del>					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		<del>\$33.91</del>

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Clemency, Kevin</b>		Date of Payment <b>05/25/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>110</b>	Amount
Secondary Payee <b>Fedex Kinko's</b>		Purpose of Expenditure <b>PRNT</b>	<input type="checkbox"/> Debit Card	
Street Address <b>544 Farmington Ave</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06105</b>	
Description <b>Photocopies</b>			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		<b>\$73.14</b>

  

Name of Worker/Consultant <del>Clemency, Kevin</del>		Date of Payment <del>05/25/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <del>Fedex Kinko's</del>		Purpose of Expenditure <del>PRNT</del>	<input checked="" type="checkbox"/> Debit Card	
Street Address <del>544 Farmington Ave</del>	City <del>Hartford</del>	State <del>CT</del>	Zip Code <del>06105</del>	
Description <del>Photocopies</del>			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		<del>\$73.14</del>

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Paychex, Inc.</b>		Date of Payment <b>05/27/2010</b>		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount
Secondary Payee <b>Kevin Clemency</b>		Purpose of Expenditure <b>WAGE</b>			
Street Address <b>231 Dogwood Ln</b>	City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-1642</b>		
Description <b>Wages through 5/20</b>				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			<b>\$1,545.09-</b>

  

Name of Worker/Consultant <b>Paychex, Inc.</b>		Date of Payment <b>05/27/2010</b>		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount
Secondary Payee <b>Patrick Shortell</b>		Purpose of Expenditure <b>WAGE</b>			
Street Address <b>17 Foxcroft Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>		
Description <b>Wages through 5/20</b>				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			<b>\$444.95-</b>

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <del>Krize, Anthony</del>		Date of Payment <del>06/09/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <del>Zody's 19th Hole</del>		Purpose of Expenditure <del>FOOD</del>	<input checked="" type="checkbox"/> Debit Card	
Street Address <del>451 Stillwater Ave</del>	City <del>Stamford</del>	State <del>CT</del>	Zip Code <del>06902</del>	
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		<del>\$421.00</del>

  

Name of Worker/Consultant <b>Krize, Anthony</b>		Date of Payment <b>06/09/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>107</b>	Amount
Secondary Payee <b>Zody's 19th Hole</b>		Purpose of Expenditure <b>FOOD</b>	<input type="checkbox"/> Debit Card	
Street Address <b>451 Stillwater Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>	
Description			Event # <b>06092010a</b>	
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		<b>\$421.00</b>



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <del>Jepsen, George</del>		Date of Payment <del>06/16/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <del>Tiago's Restaurant &amp; Bar</del>		Purpose of Expenditure <del>FNDR</del>	<input checked="" type="checkbox"/> Debit Card	
Street Address <del>211 State St</del>	City <del>Bridgeport</del>	State <del>CT</del>	Zip Code <del>06604</del>	
Description <del>Food and Beverages</del>			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		<del>\$315.86</del>

  

Name of Worker/Consultant <b>Jepsen, George</b>		Date of Payment <b>06/16/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>119</b>	Amount
Secondary Payee <b>Tiago's Restaurant &amp; Bar</b>		Purpose of Expenditure <b>FNDR</b>	<input type="checkbox"/> Debit Card	
Street Address <b>211 State St</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>	
Description <b>Food and Beverages</b>			Event # <b>06162010a</b>	
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		<b>\$315.86</b>

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Shortell, Patrick</b>		Date of Payment <b>06/21/2010</b>	Method of Payment <input checked="checked" type="checkbox"/> Check # <b>118</b>	Amount          <b>\$64.74</b>
Secondary Payee <b>Lox Stock &amp; Bagel</b>		Purpose of Expenditure <b>FNDR</b>	<input type="checkbox"/> Debit Card	
Street Address <b>332 N Main St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	
Description <b>Food and Beverages</b>			Event # <b>06212010a</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

Name of Worker/Consultant <b>Kevin Clemency</b>		Date of Payment <b>06/21/2010</b>	Method of Payment <input checked="checked" type="checkbox"/> Check # <b>132</b>	Amount          <b>\$38.11</b>
Secondary Payee <b>Staples</b>		Purpose of Expenditure <b>OFFICE</b>	<input type="checkbox"/> Debit Card	
Street Address <b>2550 Albany Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	
Description <b>Office Supplies</b>			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <del>Shortell, Patrick</del>		Date of Payment <del>06/21/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <del>Lex Stock &amp; Bagel</del>		Purpose of Expenditure <del>FNDR</del>	<input checked="" type="checkbox"/> Debit Card	
Street Address <del>332 N Main St</del>	City <del>West Hartford</del>	State <del>CT</del>	Zip Code <del>06117</del>	
Description <del>Food and Beverages</del>			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		<del>\$64.74</del>

  

Name of Worker/Consultant <del>Clemency, Kevin</del>		Date of Payment <del>06/23/2010</del>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <del>Fedex Kinko's</del>		Purpose of Expenditure <del>Misc *</del>	<input checked="" type="checkbox"/> Debit Card	
Street Address <del>544 Farmington Ave</del>	City <del>Hartford</del>	State <del>CT</del>	Zip Code <del>06105</del>	
Description <del>Photocopies</del>			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		<del>\$55.65</del>



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Paychex, Inc.</b>		Date of Payment <b>06/25/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <b>Anthony Krize</b>		Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card	
Street Address <b>406 Cutlers Farm Rd</b>	City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468</b>	
Description <b>Wages</b>			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				<b>\$736.45</b>

  

Name of Worker/Consultant <b>Paychex, Inc.</b>		Date of Payment <b>06/25/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <b>Daniel Mingrone</b>		Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card	
Street Address <b>91 Elm St Apt 222A</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040</b>	
Description <b>Wages</b>			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				<b>\$461.75</b>

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Paychex, Inc.</b>		Date of Payment <b>06/25/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <b>Daniel Mingrone</b>		Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card	
Street Address <b>91 Elm St Apt 222A</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040</b>	
Description <b>Wages</b>			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		<b>\$845.03</b>

  

Name of Worker/Consultant <b>Paychex</b>		Date of Payment <b>06/25/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee <b>Patrick Shortell</b>		Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card	
Street Address <b>17 Foxcroft Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>	
Description <b>Wages</b>			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		<b>\$846.57</b>

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant <b>Kevin Clemency</b>		Date of Payment <b>06/27/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>132</b>	Amount
Secondary Payee <b>Staples</b>		Purpose of Expenditure <b>OFFICE</b>	<input type="checkbox"/> Debit Card	
Street Address <b>2550 Albany Ave</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>	
Description <b>Office Supplies</b>			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		<b>\$40.04</b>

  

Name of Worker/Consultant <b>Prospect Ventures, LLC</b>		Date of Payment <b>07/07/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>131</b>	Amount
Secondary Payee <b>CNGS</b>		Purpose of Expenditure <b>OVHD</b>	<input type="checkbox"/> Debit Card	
Street Address <b>1 First St</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06103</b>	
Description <b>Gas Utility Bill (Reimbursed to Prospect Ventures, LLC)</b>			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		<b>\$107.99</b>

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Bye, Elizabeth		Date of Payment 07/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # 128	Amount
Secondary Payee Whole Foods Market		Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 340 N Main St	City West Hartford	State CT	Zip Code 06117	
Description Food for Fundraiser (Reimbursed to Elizabeth Bye)			Event # 06212010a	
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		

\$68.14

Name of Worker/Consultant	Date of Payment	Method of Payment		Amount
Kindall, Clare	07/07/2010	<input checked="" type="checkbox"/> Check # 127		
Secondary Payee BJ's	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address 507 New Park Ave	City West Hartford	State CT	Zip Code 06110	
Description Candy for July 4th Parades (Reimbursed to Clare Kindall)	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
Other Candidate(s) Name		Office Sought		\$60.78
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Paychex, Inc.		Date of Payment 07/09/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Kevin Clemency		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 231 Dogwood Ln	City Manhasset	State NY	Zip Code 11030-1642	
Description Wages			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		\$1,545.09

  

Name of Worker/Consultant Paychex, Inc.		Date of Payment 07/09/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anthony Krize		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 406 Cutlers Farm Rd	City Monroe	State CT	Zip Code 06468	
Description Wages			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		\$845.03

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Paychex, Inc.	Date of Payment 07/09/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Patrick Shortell	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 17 Foxcroft Rd	City West Hartford	State CT		Zip Code 06119
Description Wages				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				\$846.57

**Total of Section R**

**\$10,392.33**

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Jepsen 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				