## **SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 74

## **SUMMARY PAGE**

1.NAME OF COMMITTEE							2. TYF	PE OF COMMITTEE		
Farrell For CT							x	Candidate Committee Exploratory Committee		
3. TREASURER NAME										
Title	First Christine			MI	Last Grochowski			Suffix		
4. TREASURER ADDRESS										
Street Address			City			State	Zip Code			
7 Taylor Ln			Wallir	ngford		СТ	1	06492		
5. ELECTION DATE			6. O	OFFICE SOUG	HT ( if applicable )		7. DISTR	ICT CODE (if applicable)		
11/02/2010		Secretary of the Sta	ate							
8. CANDIDATE NAME						-				
Title	First <b>Jerry</b>			MI	Last Farrell			Suffix Jr		
9. TYPE OF REPORT										
Itemized Statement ac	companyin	g application for Publ	ic Grar	nt - Amendi	ment					
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		07/01/2010	thru	ı	07/27/2010					
			11. CER	RTIFICATION						
	ed Campaig	under penalties of false gn Finance Disclosure			of the information set forth period covered is true,					
Electronic Filing		Christine Grochow	vski		08/05	5/2010				
SIGNATURE		PRINT NAME OF THE	E SIGNE	≅R		CERTIFIED				
					LE BY FINE NOT TO EXCEED IAN 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					
Farrell For CT						
	COLUMN A This Period	COLUMN B Aggregate				
12. Balance on hand from day Committee was formed		\$0.00				
13. Balance on hand at the beginning of Reporting Period	\$24,059.55					
14. Contributions received from Individuals (Section A and B)	\$15,080.00	\$76,710.00				
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00				
16. Other Monetary Receipts (Section D-I)	\$0.00	\$0.00				
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00				
18. Total Monetary Receipts (add totals for lines 14-17)	\$15,080.00	\$76,710.00				
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$39,139.55	\$76,710.00				
20. Expenses Paid by Committee (Section N)	\$6,991.91	\$44,562.36				
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$32,147.64	\$32,147.64				
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00				
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00				
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00				
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00				
26. Beginning Loan Balance	\$0.00	\$0.00				
26a. + Loans Received (Section D)	\$0.00	\$0.00				
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00				
26c Payments on Loan(s)	\$0.00	\$0.00				
26d. Total Outstanding Loan Amount	\$0.00	\$0.00				
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$5,224.33				
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00				
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00					
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$3,546.73					

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)						
NAME OF COMMITTEE							FILI	NG DUE DATE			
Farrell For CT											
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  Subtotal Section A  \$0.00											
		B. Itemized Contribu	utions fron	n Individu	ıals						
Last Name MARTLAND	First Name THEODOR	RE	MI H	Cash	contribution:  X Personal C y Order Credit/Del	Check	Contribution ID #	Amount of Contribution			
Residential Street Address 258 Good Hill Rd		City Woodbury		State CT	Zip Code 06798		Received 01/2010				
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00			
Last Name MEMBRINO	First Name RALPH		MI G	Cash	contribution:  X Personal C y Order Credit/Del	Check	Contribution ID #	Amount of Contribution			
Residential Street Address 53 Coe Rd		City Wolcott		State CT	Zip Code 06716		Received 01/2010				
Principal Occupation DENTIST		Name of Employer SELF			Is this contribution association fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	obyist?	Aggregate	Contributions \$100.00	\$100.00			
Last Name ZAZZARO, III	First Name JOHN		MI J	Cash	contribution:  X Personal C y Order Credit/Del	Check	Contribution ID#	Amount of Contribution			
Residential Street Address 75 Newfield Ave		City Waterbury		State CT	Zip Code 06708		Received 01/2010				
Principal Occupation DENTIST		Name of Employer SELF		1	Is this contribution association fundraising event listed in If yes, list Event #	ated with a	Yes X No	7			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00			
Last Name VACALEBRE	First Name CARMEN		MI A	Cash	contribution:    X   Personal C	Check	Contribution ID #	Amount of Contribution			
Residential Street Address PO Box 4594		City Waterbury		State CT	Zip Code 06704		Received 01/2010				
Principal Occupation OWNER/PRESIDENT/CEO		Name of Employer CARMEN ANTHONY REST.	GROUP	•	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Farrell For CT											
		B. It	emized Contributi	ons from	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of	
SCHMIDT	GREGORY	,			Cash Money	y Order X Personal C		0842		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
39 Longate Rd		Clinton			СТ	06413	0	7/01/2010	0		
Principal Occupation SALES/MKTG		Name of Er DICHELL	nployer .O DISTRIBUTORS			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	utions	•	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 <sup>^</sup> -	res x	•		\$1	100.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of	
THIELMAN	GENE				Cash Money	y Order X Personal C		0855		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
155 Colony St		Meriden			СТ	06451-3224	0	7/01/2010	0		
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		<sub>J1?</sub>	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of	
PENDLETON	HOPE				Cash Money	y Order Personal Credit/De		0891		Contribution	
Residential Street Address		City			State	Zip Code		ate Received			
40 Morningside Dr		Wallingfo	rd		СТ	06492-4633	0	7/01/201	0	•	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		<sub>11?</sub>	_		
RETIRED		N/A				If yes, list Event #		x	No		
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	utions		
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	-		5	\$25.00	\$25.00	
government the contract is with:  Last Name	First Name	Executive	Legislative	I Ш .	I	contribution:	<u> </u>	1	"		
CALLEGARI	JOANN			IVII	Cash	y Order		Contribution 0838	on ID#	Amount of Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
29 Platt Ave		West Hav	/en		СТ	06516-5728	0	7/02/2010	0		
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		<sub>J1?</sub>	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	l	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	itions	\$10.00	
government the contract is with:		Executive	Legislative	L 1	res x	No	<u> </u>			·	

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
BARBERINO	ALAN			Р	Cash Money	y Order X Personal C		0837		Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
11 Pondside Dr		Wallingfo	rd		СТ	06492	0	7/03/2010	0	
Principal Occupation		Name of Er	nployer ARBERINO R/E LLC			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contribu \$1	utions 100.00	\$100.00
government the contract is with:	<u>.                                    </u>	Executive	Legislative	<u>                                     </u>	res X	No				
Last Name KAYNE	First Name RICHARD			MI D	Cash	contribution:  X Personal 0 y Order Credit/De		Contribution 0836	on ID#	Amount of Contribution
Residential Street Address	•	City		-	State	Zip Code	D	ate Received		
1891 Litchfield Tpke		Woodbrid	lge		СТ	06525	0	7/04/2010	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
MD		SELF		_		fundraising event listed in If yes, list Event #	n Section .	) 1?   <b>X</b>	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	utions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
GIANELLI	GENE			E	Cash Money	y Order X Personal C		0835		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
81 Center Rd		Woodbrid	lge		СТ	06525	0	7/04/2010	0	
Principal Occupation ROMAN CATHOLIC PRIEST		Name of Er ARCHDIO	nployer OCESE OF HARTFOR	RD		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$1 -	100.00	\$100.00
Last Name	First Name			MI		contribution:		Contribution	on ID#	Amount of
PADULA	G. JERRY	,			Cash Money	y Order Personal C		0829		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
248 Highland Dr		Waterbur	7		СТ	06708-3612	0	7/06/2010	0	<u> </u>
Principal Occupation RETIRED		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No		utor a lobbyis t child of a lob		Aggre	egate Contribu		1100 5-
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y		-		<b>\$</b> ]	100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Farrell For CT											
		B. Ite	mized Contributi	ons from	Individu	ıals					
Last Name First	Name			MI	Method of	contribution:		Contribution	on ID#	Amount of	
LELSIE BRI.	AN			J	Cash Money	y Order Personal C		0834		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
5 Taylor La	V	Wallingfor	d		СТ	06492	0	7/06/2010	0		
Principal Occupation ATTORNEY		Name of Emp	-			Is this contribution associ- fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or pros state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	xecutive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	
	Name NALD			MI B	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0868	on ID#	Amount of Contribution	
Residential Street Address 73 Belle Woods Dr	- 1	City Glastonbu	ry		State CT	Zip Code 06033		ate Received 7/07/2010			
Principal Occupation FINANCIAL CONSULTANT		Name of Emp	ployer ISULTING			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or pros state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	xecutive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	
Last Name First BASTENEBECK TAM	Name 1MY			MI S	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0854	on ID#	Amount of Contribution	
Residential Street Address 264 Lyman Rd # 1-2	- 1	City <b>Wolcott</b>		•	State CT	Zip Code 06716		ate Received 7/07/2010			
Principal Occupation SECRETARY		Name of Emp				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or pros state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	xecutive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ations \$25.00	\$25.00	
	Name MAR			MI	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0830	on ID#	Amount of Contribution	
Residential Street Address 2918 Mount Snow Ct	- 1	City Ellicott Cit	у		State MD	Zip Code 21042		ate Received 7/07/2010			
Principal Occupation	1	Name of Em	-		I .	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or pros state contractor? Is yes, indicate which branch or branches of government the contract is with:	_	xecutive	Yes X No  Legislative		utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
BALAKRISHNAN	NANTHIN	I			Cash Money	y Order X Personal Credit/De		0831		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
2918 Mount Snow Ct		Ellicott Ci	ity		MD	21402	0	7/07/2010	0	
Principal Occupation COMPUTER SCIENTIST		1	nployer AL SECURITY STRATION			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
government the contract is with:  Last Name	First Name	LACCULIVE	Legislative	+-			<u> </u>	1		<u> </u>
OHLMANN	KAREN			MI R	Cash	contribution:    X   Personal ( y Order   Credit/De		Contribution 0832	on ID#	Amount of Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		1
8 Hemingway Dr		Wallingfo	rd		СТ	06492	0	7/07/2010	0	
Principal Occupation TEACHER		Name of En	nployer I BOARD OF EDUCAT	TON		Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	itions \$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
DILEGGE	WILLIAM			S	Cash Money	y Order X Personal Credit/De		0833		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
PO Box 851		Branford			СТ	06405	0	7/07/2010	0	
Principal Occupation RESTAURANTEUR		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	itions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
PETRONIRO	RANDY				Cash Money	y Order X Personal Credit/De		0871		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
114 Harrison Dr		Wolcott			СТ	06716	0	7/07/2010	0	
Principal Occupation		Name of Er	nployer FUEL & PROPANE			Is this contribution assoc fundraising event listed in If yes, list Event #		<sub>J1?</sub>	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions	\$100.00
government the contract is with:	Ш	Executive	Legislative	<u></u> Ц у	es x	No				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
PETRONIRO	DENISE				Cash Money	y Order X Personal C		0853		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
114 Harrison Dr		Wolcott			СТ	06716	0	7/07/2010	0	
Principal Occupation SECRETARY		Name of Er	nployer FUEL & PROPANE			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$1	utions 100.00	\$100.00
Last Name	First Name			MI	1	contribution:		Contribution	ID #	
WILSON-FOLEY	LISA			IVII	Cash	y Order		0857	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
76 Hartford Rd		Simsbury	,		СТ		0	7/07/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associated in the second secon		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	bbyist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
DOW, III	WILLIAM			F	Cash Money	y Order X Personal C		0869		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
2110 Chapel St		New Have	en		СТ	06510	0	7/08/2010	0	[
Principal Occupation  LAWYER		Name of En JACOBS, PC	nployer GOLDBERG, BELT 8	k DOW,		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	bbyist?	Aggre	egate Contribu	itions \$75.00	\$75.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
JAYANTHAN	RAJ			К	Cash	y Order		0866	on id #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
35 Turnberry Rd		Wallingfo	rd		СТ	06492	0	7/10/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution assoc			Yes	ĺ
STUDENT						fundraising event listed in If yes, list Event #	n Section .	J1?x	No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent		-		\$1	100.00	\$100.00
government the contract is with:										L

		I. N	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
JAYANTHAN	PREM NA	ATH			Cash Money	y Order X Personal C		0867		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
35 Turnberry Rd		Wallingfo	rd		СТ	06492	0	7/10/2010	)	
Principal Occupation STUDENT		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggre	gate Contribu \$1	itions	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
BUCKLEY	EILEEN			S	Cash Money	y Order X Personal C		0856	-	Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
248 Lyons Plain Rd		Weston			СТ	06883	0	7/10/2010	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
SCLAFANI	ROSA			E	Cash Money	y Order X Personal C		0858		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
12 Wildfire Ln		Trumbull			СТ	06611-2655	0	7/10/2010	)	
Principal Occupation HOUSEWIFE		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu \$1	itions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
BARNES	CARLYLE			F	Cash Money	y Order		0861		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
400 Peacedale St		Bristol			СТ	06010	0	7/11/2010	0	ļ
Principal Occupation RETIRED		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Eng. C	Yes X No		utor a lobbyis child of a lob	bbyist?	Aggre	gate Contribu	utions	\$100.00
government the contract is with:	ш	Executive	Legislative		es	INO				1

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Farrell For CT											
		B. Itemized Contribut	ions fron	Individu	ıals						
Last Name JAYANTHAN	First Name JAY		MI K	Cash	contribution:    X   Personal Character   Credit/Debi	neck 0864	ution ID#	Amount of Contribution			
Residential Street Address 35 Turnberry Rd		City Wallingford		State CT	Zip Code 06492	Date Receiv 07/11/20					
Principal Occupation BUSINESS EXECUTIVE		Name of Employer UNITED INTERNATIONAL CC	)RP		Is this contribution associate fundraising event listed in If yes, list Event #		Yes  No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Conti	\$100.00	\$100.00			
Last Name JAYANTHAN	First Name SHANTHII	NI	MI	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 0865	ution ID#	Amount of Contribution			
Residential Street Address 35 Turnberry Rd		City Wallingford		State CT	Zip Code 06492	Date Receiv 07/11/20					
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00			
Last Name SUBRAMANIAN	First Name KAVITHA		MI	Cash	contribution:    X   Personal Character   Credit/Debit	neck 0843	ution ID#	Amount of Contribution			
Residential Street Address 13 Brook Cir		City Wallingford		State CT	Zip Code 06492	Date Receiv					
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00			
Last Name CHAMYVELUMANI	First Name SATISH		MI	Cash	contribution:    X   Personal Character   Credit/Debi	neck 0845	ution ID#	Amount of Contribution			
Residential Street Address 13 Brook Cir		City Wallingford		State CT	Zip Code 06492	Date Receiv 07/11/20					
Principal Occupation		Name of Employer MMM CO			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions \$100.00	\$100.00			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Farrell For CT									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name MAHALINGAM	First Name BALAJI		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi		Contribution 0848	n ID#	Amount of Contribution
Residential Street Address 171 Knollwood Dr		City Wallingford		State CT	Zip Code 06492		te Received 7/11/2010		
Principal Occupation		Name of Employer		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contribut	ions 00.00	\$100.00
Last Name MURUGESAN	First Name SANTHAN	A KRISHNAN	MI	Cash	contribution:  X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 117 Knollwood Dr		City Wallingford		State CT	Zip Code 06492-2996		te Received 7/11/2010		
Principal Occupation SOFTWARE ENGINEER		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contribut	ions 00.00	\$100.00
Last Name JINNA	First Name PRANEETI	1	MI R	Cash	contribution:    X   Personal Character   Credit/Debit		Contribution 0850	n ID#	Amount of Contribution
Residential Street Address 176 Knollwood Dr		City Wallingford		State CT	Zip Code 06492		te Received 7/11/2010		
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contribut	ions 00.00	\$100.00
Last Name TOTTEMPUDI	First Name KIRAN		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi		Contribution 0851	n ID#	Amount of Contribution
Residential Street Address 176 Knollwood Dr		City Wallingford		State CT	Zip Code 06492		te Received 7/11/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state o			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contribut	ions 00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	NG DUE DATE			
Farrell For CT											
		B. Itemized Contribut	ions from	Individu	ıals						
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID#	Amount of			
JANI	KASHYAP		U	Cash Money	V Order X Personal Cl Credit/Debi	1 08	852	Contribution			
Residential Street Address		City		State	Zip Code	Date R	Received				
60 Knollwood Dr		Wallingford		СТ	06492	07/1	1/2010	_			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00			
Last Name DIGENOVA	First Name CHRISTOI	PHER	MI	Cash	contribution: Personal Cl  V Order  X Credit/Debi	neck 0	ontribution ID #	Amount of Contribution			
Residential Street Address		City		State	Zip Code	Date R	Received				
25 Birch Dr		Wallingford		СТ	06492	07/1	1/2010				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$15.00	\$15.00			
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID#	Amount of			
PERRINO	PHILIP			Cash Money	Personal Cl v Order x Credit/Debi	09	901	Contribution			
Residential Street Address		City		State	Zip Code	Date R	Received				
815 Chapel St		New Haven		СТ			2/2010	4			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00			
Last Name	First Name	<del></del>	MI	Method of	contribution:	Co	ontribution ID #	Amount of			
BABU BITLA	NAVEEN			Cash Money	Y Order X Personal Cl	neck 08	844	Contribution			
Residential Street Address		City		State	Zip Code	Date R	Received				
12 Broad St # 122		Meriden		СТ	06450	07/1	2/2010				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00			

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT										
		B. It	emized Contributi	ons fron	Individu	ıals		•		
Last Name TIPNIS	First Name SUDEEP			MI	Cash	contribution:    X   Personal C		Contribution 0846	ID#	Amount of Contribution
Residential Street Address 9 Windy Hill Ln		City Rocky Hi	II		State CT	Zip Code 06067		Pate Received 17/12/2010		
Principal Occupation ENGINEER		Name of En				Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contributi \$10	ons 00.00	\$100.00
Last Name REVITA	First Name JOSEPH			MI J	Cash	contribution:  X Personal C  y Order Credit/Del		Contribution 0847	ID#	Amount of Contribution
Residential Street Address 14 Brook Cir		City Wallingfo	ord		State CT	Zip Code 06492-1778		Pate Received 17/12/2010		
Principal Occupation		Name of E	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contributi \$10	ons 00.00	\$100.00
Last Name CIANCI, JR	First Name NICHOLA	S		MI M	Cash	contribution:    X   Personal C		Contribution 0887	ID#	Amount of Contribution
Residential Street Address 401 Blackstone Vlg		City Meriden			State CT	Zip Code 06459		Pate Received 17/12/2010		
Principal Occupation RETIRED		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contributi \$10	ons 00.00	\$100.00
Last Name MURPHY	First Name CHARLOT	TE		MI C	Cash	contribution:  X Personal C  y Order Credit/Del		Contribution 0888	ID#	Amount of Contribution
Residential Street Address 42 Academy St		City New Hav	en		State CT	Zip Code 06511		Pate Received 07/13/2010		
Principal Occupation COMMNICATIONS DIRECTOR		Name of E				Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contributi \$2	ons 25.00	\$25.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT										
		B. Ite	mized Contributi	ons fron	Individu	ıals				
Last Name COLLETT	First Name ERIC			MI B	Cash	contribution:  X Personal C  y Order Credit/Del		Contribution	n ID#	Amount of Contribution
Residential Street Address 170 Long Hill Rd		City Wallingfor	rd		State CT	Zip Code 06492		ate Received 7/13/2010		
Principal Occupation RETIRED		Name of Em	ployer		•	Is this contribution associ fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contributi	ions 50.00	\$50.00
Last Name COLLETT	First Name SUE			MI S	Cash	contribution:  X Personal C  y Order Credit/Del		Contribution 0860	n ID#	Amount of Contribution
Residential Street Address 170 Long Hill Rd		City Wallingfor	rd		State CT	Zip Code 06492		ate Received 7/13/2010		
Principal Occupation RETIRED		Name of Em	ployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contributi \$5	ions 50.00	\$50.00
Last Name YANNI	First Name CELESTE			MI K	Cash	contribution:    X   Personal C		Contribution 0862	ı ID#	Amount of Contribution
Residential Street Address 63 Curtis Ave		City Wallingfor	·d		State CT	Zip Code 06492		rate Received		
Principal Occupation PROFESSOR		Name of Em	ployer IAC UNIVERSITY			Is this contribution associ fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name LAZARUS	First Name STEVEN			MI	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0863	n ID#	Amount of Contribution
Residential Street Address 63 Curtis Ave		City Wallingfor	rd		State CT	Zip Code 06492		ate Received 7/13/2010		
Principal Occupation ARCHTECT		Name of Em SELF	ployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. Itemized C	Contribution	ons from	Individu	ıals				
Last Name LABY	First Name DANIEL			MI M	Cash	contribution:  X Personal y Order Credit/De		Contribution 0968	on ID#	Amount of Contribution
Residential Street Address 84 Village Dr Apt 414		City Wethersfield			State CT	Zip Code 06109		ate Received		
Principal Occupation SOUS CHEF		Name of Employer HOT TOMATO'S				Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Legis	X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name GRAY	First Name HELEN			MI D	Cash	contribution:  X Personal y Order Credit/De		Contribution 0885	on ID#	Amount of Contribution
Residential Street Address 53 Bishop Rd		City West Hartford			State CT	Zip Code 06119-1503		ate Received 7/13/201		
Principal Occupation RETIRED		Name of Employer N/A				Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Legis	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name MAJOR	First Name W. GLENN	ı		MI	Cash	contribution:  X Personal y Order Credit/De		Contribution 0878	on ID#	Amount of Contribution
Residential Street Address 5 Norfield Rd		City Weston			State CT	Zip Code 06883		ate Received		
Principal Occupation ATTORNEY		Name of Employer SHERWOOD & GO	SLOCK			Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Legis	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions \$25.00	\$25.00
Last Name GRAY	First Name VIRGINIA			MI A	Cash	contribution:  X Personal y Order Credit/De		Contribution 0886	on ID#	Amount of Contribution
Residential Street Address 53 Bishop Rd		City West Hartford			State CT	Zip Code 06119		ate Received		
Principal Occupation SECRETARY		Name of Employer STATE AUDITORS				Is this contribution assoc fundraising event listed i If yes, list Event #		H2 -	Yes No	
Is contributor a principal of a state contractor a state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Legis	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT										
		B. Itemized Contributi	ions fron	Individu	ıals					
Last Name THOMPSON	First Name BARBARA		MI	Cash	contribution:    X   Personal Cl	heck 0892	ution ID#	Amount of Contribution		
Residential Street Address 8 Autumn Leaves Rd		City Wallingford		State CT	Zip Code 06492	Date Recei				
Principal Occupation TOWN CLERK		Name of Employer TOWN OF WALLINGFORD			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$50.00	\$50.00		
Last Name PETTINELLA	First Name GREG		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck 0966	ution ID#	Amount of Contribution		
Residential Street Address 63 Milton St Apt 1		City West Hartford		State CT	Zip Code 06119-1216	Date Recei				
Principal Occupation RESTAURANT MGR		Name of Employer NEW TOMATO LLC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$100.00	\$100.00		
Last Name GAVIGAN	First Name WILLIAM		MI M	Cash	contribution:    X   Personal Cl	heck 0967	ution ID#	Amount of Contribution		
Residential Street Address 7 Farmstead Ln		City Ellington		State CT	Zip Code 06029	Date Recei				
Principal Occupation RESTAURANT MGR		Name of Employer HOT TOMATO'S		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00		
Last Name SASSI	First Name CHRIS		MI	Method of Cash  X Money	contribution: Personal Cl y Order Credit/Debi	heck 0969	ution ID#	Amount of Contribution		
Residential Street Address 61 Sherwood Rd		City New Britain		State CT	Zip Code 06052	Date Recei				
Principal Occupation		Name of Employer		Ci	Is this contribution associa fundraising event listed in If yes, list Event #	ted with a	Yes X No	-		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name GRIMALDI	First Name JESSICA		MI	Method of Cash  X Money	contribution: Personal Cl y Order Credit/Deb	heck 09	ntribution ID #	Amount of Contribution		
Residential Street Address PO Box 95		City Glastonbury		State CT	Zip Code 06033	Date Re 07/14	eceived 1/2010			
Principal Occupation BAR MANAGER		Name of Employer HOT TOMATO'S			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	\$100.00	\$100.00		
Last Name CAUTHIER	First Name ELISE		MI	Cash	contribution: Personal Cl y Order Credit/Deb	heck 09	ntribution ID #	Amount of Contribution		
Residential Street Address 70 Grica Ct		City Southington		State CT	Zip Code 06489	Date Re 07/14	eceived 1/2010			
Principal Occupation RESTAURANT MGR		Name of Employer HOT TOMATO'S		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.00	\$100.00		
Last Name BALDRIDGE	First Name ERIC		MI	Cash	contribution: Personal Cl y Order Credit/Deb	heck 09	ntribution ID #	Amount of Contribution		
Residential Street Address 10 Pequot Sq		City Mansfield		State CT	Zip Code 06250	Date Re	eceived 4/2010			
Principal Occupation CHEF		Name of Employer SELF			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$100.00	\$100.00		
Last Name HORNER	First Name F. NEIL		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 08	ntribution ID#	Amount of Contribution		
Residential Street Address 14 Catbrier Rd		City Weston		State CT	Zip Code 06883	Date Re 07/14	eceived 4/2010			
Principal Occupation CONSULTING		Name of Employer SELF		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate (	Contributions \$10.00	\$10.00		

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
MCGLONE	SUSAN				Cash Money	y Order		0874		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Joanne La		Weston			СТ	06883	0	7/15/2010	)	
Principal Occupation TUTOR		Name of Er WESTON	nployer  I PUBLIC SCHOOLS		•	Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions \$5.00	\$5.00
Last Name	First Name			I <sub>MI</sub>	1	contribution:		Contributio	ID #	
MCGLONE	MICHAEL			IVII	Cash	y Order Personal Credit/De		0875	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Joanne La		Weston			СТ	06883	0	7/15/2010	)	
Principal Occupation		Name of Er SELF	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		un?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	\$5.00	\$5.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
DANIEL	NINA			R	Cash Money	y Order Personal C		0876		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
183 Good Hill Rd		Weston			СТ	06883	0	7/15/2010	)	ļ
Principal Occupation RETIRED		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		un?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	\$5.00	\$5.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
MCLAUGHLIN	CHRISTO	PHER		J	Cash Money	y Order Personal C		0889		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
15 Lincoln Dr		Wallingfo	ord		СТ	06492-5117	0	7/15/2010	)	
Principal Occupation REAL ESTATE BROKER		Name of Er SELF	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of		Executive	Yes No		utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions 550.00	\$50.00
government the contract is with:		LACCULIVE	Legislative	'		110	1			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. Ito	emized Contribution	ons from	Individ	uals				
Last Name DRUST	First Name DONALD			MI	Cash	contribution:  X Personal or Order  Credit/De		Contributi 0882	on ID#	Amount of Contribution
Residential Street Address 532 Oak Ridge Dr		City Cheshire			State CT	Zip Code 06410-1715		Pate Received 07/15/201		
Principal Occupation SUPERMARKET OWNER		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol Yes		Aggre	egate Contrib	utions 100.00	\$100.00
Last Name DRUST	First Name DIANE			MI E	Cash	contribution:  X Personal of the property of t		Contributi 0883	on ID#	Amount of Contribution
Residential Street Address 532 Oak Ridge Dr		City Cheshire			State CT	Zip Code 06410-1715		ate Received		
Principal Occupation SUPERMARKET OWNER		Name of En	nployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol 'es X	-	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name MASTROBUONI	First Name LORI ANN	E		MI	Cash	contribution:  X Personal ( by Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 36 Timber La		City Bethany			State CT	Zip Code 06524		oate Received 07/15/201		
Principal Occupation		Name of En	nployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol Yes		Aggre	egate Contrib	utions 100.00	\$100.00
Last Name SEICHTER	First Name JUNE			MI P	Cash	contribution:  X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 163 Grieb Rd		City Wallingfo	rd		State CT	Zip Code 06492	1	oate Received 07/15/201		
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lol res	-	Aggre	egate Contrib	utions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name MCMAHON	First Name LINDA		MI E	Cash	contribution:    X   Personal Cl	heck 0884	ution ID#	Amount of Contribution		
Residential Street Address  14 Hurlingham Dr		City Greenwich		State CT	Zip Code 06831	Date Receiv				
Principal Occupation CANDIDATE		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	sibutions \$100.00	\$100.00		
Last Name NORRIE	First Name ALLISON		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	heck 0902	ution ID#	Amount of Contribution		
Residential Street Address 3 Farm Ct		City Wallingford		State CT	Zip Code 06492	Date Receiv 07/15/20				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$5.00	\$5.00		
Last Name CARRIER	First Name JOHNNY		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck 0903	ution ID#	Amount of Contribution		
Residential Street Address 1 Riverwood Rd		City Farmington		State CT	Zip Code	Date Receiv				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	sibutions \$25.00	\$25.00		
Last Name BARNES	First Name HUBERT		MI J	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck 0895	ution ID#	Amount of Contribution		
Residential Street Address 169 Margaret Cir		City Naugatuck		State CT	Zip Code 06770	Date Receiv				
Principal Occupation PIPEFITTER		Name of Employer LOCAL 777			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	sibutions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING D											
Farrell For CT											
		B. Itemized	Contribution	ons from	Individu	ıals					
Last Name SALERNO	First Name ROBERT			MI	Cash	contribution:  X Personal y Order Credit/De	Check ebit Card	Contribution 0873	on ID#	Amount of Contribution	
Residential Street Address 191 Mirey Dam Rd		City Middlebury			State CT	Zip Code 06762		ate Received			
Principal Occupation SUPERIOR COURT CLERK		Name of Employer STATE OF CT				Is this contribution assoc fundraising event listed If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Leg	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	
Last Name ROSS	First Name ROCKY			MI	x Cash	contribution: Personal y Order Credit/Do	Check ebit Card	Contribution 0879	on ID#	Amount of Contribution	
Residential Street Address 125 Commerce St		City Clinton			State CT	Zip Code 06415		ate Received			
Principal Occupation RESTAURANT OWNER		Name of Employer SELF				Is this contribution assoc fundraising event listed If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Leg	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	
Last Name NORRIE	First Name CYNTHIA			MI	Cash	contribution: Personal y Order X Credit/Do	Check ebit Card	Contribution 0909	on ID#	Amount of Contribution	
Residential Street Address 3 Farm Ct		City Wallingford			State CT	Zip Code 06492		ate Received			
Principal Occupation		Name of Employer			•	Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Leg	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	
Last Name BOSTOCK	First Name JESSE			MI	Cash	contribution: Personal y Order X Credit/Do	Check ebit Card	Contribution 0904	on ID#	Amount of Contribution	
Residential Street Address 3 Farm Ct		City Wallingford			State CT	Zip Code 06492		ate Received			
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed if yes, list Event #		11?	Yes No		
Is contributor a principal of a state contractorstate contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes  Executive Leg	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Farrell For CT											
		B. It	temized Contributi	ons fron	Individu	ıals					
Last Name CUMMINGS	First Name HAROLD			MI R	Cash	contribution:  X Personal C y Order Credit/De		Contributi 0893	on ID#	Amount of Contribution	
Residential Street Address 32 Ravenscroft		City Vernon			State CT	Zip Code 06066		Date Received			
Principal Occupation ATTORNEY		Name of E SELF	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions 100.00	\$100.00	
Last Name CUMMINGS	First Name ISABEL			MI	Cash	contribution:  X Personal C y Order Credit/De		Contributi 0894	on ID#	Amount of Contribution	
Residential Street Address 32 Ravenscroft		City Vernon			State CT	Zip Code 06066		Date Received			
Principal Occupation RETIRED		Name of E	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contrib	utions 100.00	\$100.00	
Last Name APPLEBY	First Name JACQUELI	NE		MI S	Cash	contribution:    X   Personal C		Contributi 0880	on ID#	Amount of Contribution	
Residential Street Address 3 Buck Hill Rd		City Old Sayl	orook		State CT	Zip Code 06475		Date Received			
Principal Occupation BUSINESS MANAGER		Name of E	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		112 <b>L</b>	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions 100.00	\$100.00	
Last Name APPLEBY, SR	First Name CHARLES			MI E	Cash	contribution:  X Personal C y Order Credit/De		Contributi	on ID#	Amount of Contribution	
Residential Street Address 3 Buck Hill Rd		City Old Sayl	orook		State CT	Zip Code 06475		Date Received			
Principal Occupation PLUMBER		Name of E SELF	Employer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions 100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Farrell For CT											
		B. Itemized Contribu	itions fron	n Individu	ıals						
Last Name HUNICKE	First Name BARBARA	1	MI P	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 090	ribution ID#	Amount of Contribution			
Residential Street Address 8 Southbury Rd		City Roxbury		State CT	Zip Code 06783	Date Rec 07/17/					
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Co	stributions \$25.00	\$25.00			
Last Name MUSTO	First Name ANTHONY	(	MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 094	ribution ID #	Amount of Contribution			
Residential Street Address 9 Village Dr		City Trumbull		State CT	Zip Code 06611	Date Rec 07/18/					
Principal Occupation PHYSICIAN		Name of Employer SELF			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Co	ntributions \$50.00	\$50.00			
Last Name LABRIOLA	First Name DAVID		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 094	ribution ID #	Amount of Contribution			
Residential Street Address 39 Briarwood Rd		City Naugatuck		State CT	Zip Code 06770	Date Rec 07/19/					
Principal Occupation ATTORNEY		Name of Employer  LABRIOLA & LABRIOLA LLC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Co	stributions \$50.00	\$50.00			
Last Name NELSON	First Name CHRIS		MI	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck 090	ribution ID #	Amount of Contribution			
Residential Street Address 40 Centerbrook Dr		City Farmington		State CT	Zip Code 06032	Date Rec 07/19/					
Principal Occupation BUILDER		Name of Employer NELSON CONSTRUCTION			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE								FILING	DUE DATE		
Farrell For CT											
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name BENHAM	First Name ELIZABET	тн	MI K	Cash	contribution:    X   Personal Cl y Order		Contribution	n ID#	Amount of Contribution		
Residential Street Address 861 N Farms Rd		City Wallingford		State CT	Zip Code 06492		te Received 7/19/2010				
Principal Occupation ASSISTANT PRE-SCHOOL TEACHER		Name of Employer WALLINGFORD PARKS & REC	C	•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribut	ions 25.00	\$25.00		
Last Name ROSENTHAL	First Name RICHARD		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution		
Residential Street Address 79 Balfour Dr		City West Hartford		State CT	Zip Code 06117-2936		te Received 7/19/2010				
Principal Occupation RESTAURANT OWNER		Name of Employer MAX RESTAURANT GROUP		•	Is this contribution associa fundraising event listed in If yes, list Event #		ı? <u>'</u>	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contribut	ions 00.00	\$100.00		
Last Name HINMAN	First Name DEBRA		MI L	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution 0910	n ID#	Amount of Contribution		
Residential Street Address 45 Rock Rd		City Burlington		State CT	Zip Code 06013		te Received 7/19/2010				
Principal Occupation  EXECUTIVE SECRETARY		Name of Employer STATE OF CT DEPT OF AGRI	CULTURE	•	Is this contribution associa fundraising event listed in If yes, list Event #		, <b>ப</b>	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribut	ions 50.00	\$50.00		
Last Name RESSLER	First Name SHELLEY		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb		Contribution 0898	n ID#	Amount of Contribution		
Residential Street Address  1 Centerville Rd		City Woodbridge		State CT	Zip Code 06525		te Received 7/20/2010				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggreg	ate Contribut	ions 00.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FIL	LING DUE DATE	
Farrell For CT									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name MASTROBUONI	First Name ALBERT		MI	Cash	contribution:    X   Personal C	heck 0	Contribution ID #	# Amount of Contribution	
Residential Street Address 36 Timber La		City Bethany		State CT	Zip Code 06524		Received 20/2010		
Principal Occupation OWNER		Name of Employer AMITY WINE & SPIRIT INC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.0	\$100.00	
Last Name ZALEWSKI	First Name BENEDIC	Г	MI J	x Cash	contribution: Personal C	heck 0	Contribution ID #	# Amount of Contribution	
Residential Street Address 36A Harding Ave		City Branford		State CT	Zip Code 06405		Received 20/2010		
Principal Occupation RESTAURANT MGR		Name of Employer ROCKY'S JAVA		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.0	\$100.00	
Last Name LEAVITT	First Name DONALD		MI G	Cash	contribution:    X   Personal C	heck 0	Contribution ID #	# Amount of Contribution	
Residential Street Address 124 Forest Dr		City Newington		State CT	Zip Code 06111-3128		Received 20/2010		
Principal Occupation CONTRACTOR		Name of Employer MAGEE CONST CO INC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.0	\$100.00	
Last Name AMBROSE	First Name PETER		MI	Cash	contribution:    X   Personal C	heck 0	ontribution ID #	# Amount of Contribution	
Residential Street Address 1100 Kings Hwy E		City Fairfield		State CT	Zip Code 06825		Received 20/2010		
Principal Occupation ATTORNEY		Name of Employer SELF			Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$50.0	\$50.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
LERNER	BRITTA				Cash Money	y Order X Credit/De		0872		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
15 Birch Hill Rd		Weston			СТ	06883	0	7/20/2010	0	
Principal Occupation MOTHER		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	•	Contribution	on ID #	Amount of
MCLACHLAN	MICHAEL				Cash Money	Personal C  y Order  X Credit/De		0911		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
47 W Wooster St		Danbury			СТ	06813	0	7/20/2010	0	
Principal Occupation STATE SENATOR		Name of Er				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggre	gate Contribu	itions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
RICHTER	ELSER				Cash Money	y Order X Credit/De		0912		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
1980 Chapel St		New Have	en		СТ	06515	0	7/20/2010	0	ļ
Principal Occupation GENERAL MANAGER		Name of En	nployer PIACK CLUB			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
WRIGHT	SCOTT	-		А	Cash Money	y Order X Personal C		0945		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
111 Old Tree Farm Ln		Trumbull			СТ	06611	0	7/21/2010	0	
Principal Occupation REAL ESTATE SALES		Name of En				Is this contribution associ fundraising event listed in If yes, list Event #		<sub>11?</sub>	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of		Eventin	Yes X No		utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions	\$100.00
government the contract is with:		Executive	Legislative	Т ,	cs ^	INU				<u> </u>

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
FRANCIS	MEG				Cash Money	y Order X Personal C		0941		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
170 Pell Meadow Dr		Fairfield			СТ	06824-2962	0	7/21/2010	0	
Principal Occupation		Name of E	mployer		•	Is this contribution associ			Yes	İ
ECON DEVEL AGENT		STATE C	OF CT			fundraising event listed in If yes, list Event #	Section I	11? <b>x</b>	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	Î
state contractor? Is yes, indicate which branch or branches of				1 ~	child of a lob	*			\$25.00	\$25.00
government the contract is with:		Executive	Legislative		res x			1		1
Last Name SUCHY, III	First Name JOHN			MI J	Method of Cash	contribution:	Check	Contributio	on ID#	Amount of Contribution
300117, 111	301114					y Order Credit/De		0936		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
6 Sugarbush Ct		Wilton			СТ	06897	0	7/21/2010	0	_
Principal Occupation		Name of Er	mployer		-	Is this contribution associ			Yes	
MANAGER		STATE C	OF CT			fundraising event listed in If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	•		\$	\$50.00	\$50.00
government the contract is with:		Executive	Legislative		I			1		1
Last Name TAYLOR	First Name WILLIAM			MI B	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
					_	y Order Credit/De	bit Card	0943		Commodulon
Residential Street Address		City			State	Zip Code	D	ate Received		
14 Topstone Dr		Danbury			СТ	06810	0	7/21/2010	)	1
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
CONTRACTING PLUMBER		SELF				If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	itions	†
state contractor? Is yes, indicate which branch or branches of				1 m	child of a lob	•		\$	\$50.00	\$50.00
government the contract is with:		Executive	Legislative	L \	res X	No		1		
Last Name HALL	First Name JOHN			MI D	Method of Cash	contribution:	`heck	Contributio	on ID#	Amount of
HALL	JOHN			J D		y Order Credit/De		0937		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
173 Blue Hills Ave		Hamden			СТ	06514	0	7/21/2010	)	
Principal Occupation		Name of E	mployer		-	Is this contribution associ			Yes	
REAL ESTATE		SELF EM	IPLOYED			fundraising event listed in If yes, list Event #	section.	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggre	gate Contribu	itions	†
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	bbyist?	1.5510	-	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	res X	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT										
		B. Itemized Contribu	ıtions froi	n Individu	ıals					
Last Name ABRAMS	First Name STEVE		MI	Cash	contribution:  Personal C y Order X Credit/Deb	heck 0917	oution ID#	Amount of Contribution		
Residential Street Address 32 Hillsboro Dr		City West Hartford		State CT	Zip Code 06107	Date Recei				
Principal Occupation RESTAURATOR		Name of Employer MAX DOWNTOWN			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name SUZIO	First Name MARY		MI	Cash	contribution:  Personal C y Order X Credit/Deb	heck 0913	oution ID#	Amount of Contribution		
Residential Street Address 4 Hamilton Dr		City Madison		State CT	Zip Code 06443	Date Recei				
Principal Occupation SALES MANAGER		Name of Employer MYERS-SUZIO CO		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Con	tributions \$25.00	\$25.00		
Last Name CURRY	First Name KEVIN		MI F	Cash	contribution:  X Personal C y Order Credit/Deb	heck 0908	oution ID #	Amount of Contribution		
Residential Street Address 19 Sachem Cir		City Meriden		State CT	Zip Code 06450	Date Recei				
Principal Occupation OWNER		Name of Employer DANBY'S SERVICE STAION	I, INC.		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name BURNS	First Name JOHN		MI F	Cash	contribution:  X Personal C y Order Credit/Deb	heck 0977	oution ID#	Amount of Contribution		
Residential Street Address 44 Old Ridge Rd		City New Milford		State CT	Zip Code 06776	Date Recei				
Principal Occupation HVAC		Name of Employer FAMILY 1ST HVCC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
FRIEDLER	JOSEPH			Р	Cash Money	y Order		0984		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
96 Taintor Dr		Southpor	t		СТ	06890	0	7/21/201	0	
Principal Occupation ATTORNEY		Name of Er FRIEDLE	nployer R & FREIDLER PC			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name	First Name			MI	1	contribution:		Contribution	on ID #	
CALVANESE	MICHELLE			IVII	Cash	y Order Credit/De		1009	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
183 Poplar Dr		Plantsvill	е		СТ	06479	0	7/22/2010	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	bbyist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
RONDINONE	JOHN				Cash Money	y Order Personal Credit/De		1011		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
455 Wethersfield Ave		Hartford			СТ	06114	0	7/22/2010	0	
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$1	ations	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
ANTHONY	SCOTT			W	Cash Money	y Order X Personal C		1012		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
36-3 Pond Rd		Old Lyme	2		СТ	06371-2461	0	7/22/2010	0	
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		<sub>J1?</sub>	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyis child of a lob	bbyist?	Aggre	egate Contribu	utions	\$100.00
government the contract is with:	니	Executive	Legislative	1 1	es 🔼	NO				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Farrell For CT									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name KARSKY	First Name BRADFOR	RD	MI	Cash	contribution:    X   Personal Character   Credit/Debi		Contribution 0979	ID#	Amount of Contribution
Residential Street Address 4 Hillcrest Dr		City Avon		State CT	Zip Code 06001		te Received /22/2010		
Principal Occupation RESTAURANT OWNER		Name of Employer MAR A MIA			Is this contribution associate fundraising event listed in St. If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name MCKINNEY	First Name JOHN		MI P	Cash	contribution:  X Personal Cl y Order Credit/Debi		Contribution 0938	ID#	Amount of Contribution
Residential Street Address 986 S Pine Creek Rd		City Fairfield		State CT	Zip Code 06824		te Received /22/2010		
Principal Occupation STATE SENATOR		Name of Employer STATE OF CT		•	Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 10.00	\$100.00
Last Name HWANG	First Name ANTHONY	(	MI T	Cash	contribution:    X   Personal Character   Credit/Debit		Contribution 0939	ID#	Amount of Contribution
Residential Street Address 80 Martingale La		City Fairfield		State CT	Zip Code 06824		te Received /22/2010		
Principal Occupation REAL ESTATE		Name of Employer WHITFIELD HOMES, LLC			Is this contribution associate fundraising event listed in St. If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name BROWNE	First Name ELIZABET	ГН	MI P	Cash	contribution:  X Personal Ch y Order Credit/Debi		Contribution 0942	ID#	Amount of Contribution
Residential Street Address 200 Edgewood Rd		City Fairfield		State CT	Zip Code 06825-1716		te Received /22/2010		
Principal Occupation TOWN CLERK		Name of Employer TOND OF FAIRFIELD			Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 60.00	\$50.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT										
		B. Ite	emized Contributi	ons from	ı Individu	ıals				
Last Name DUZY	First Name FRANK			MI J	Cash	contribution:    X   Personal C		Contribution 0944	ı ID#	Amount of Contribution
Residential Street Address 300 Half Mile Rd		City Southpor	t		State CT	Zip Code 06890		ate Received 7/22/2010		
Principal Occupation REALTOR		Name of En			-	Is this contribution associ- fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribution \$10	ions 00.00	\$100.00
Last Name YURCH	First Name ROBERT			MI E	Cash	contribution:  X Personal C  Order Credit/Del		Contribution 0935	ı ID#	Amount of Contribution
Residential Street Address 5 Stony Corners Cir		City Avon			State CT	Zip Code 06001-2618		ate Received 7/22/2010		
Principal Occupation SALES REP		Name of En	nployer		•	Is this contribution associ- fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contributi	ions 00.00	\$100.00
Last Name BELLIVEAU	First Name RICHARD			MI	Cash	contribution: Personal C		Contribution 0896	ı ID#	Amount of Contribution
Residential Street Address 45 Denuelle Rd		City Rocky Hil	I		State CT	Zip Code 06067		rate Received		
Principal Occupation		Name of En	nployer			Is this contribution associ- fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$10	ions 00.00	\$100.00
Last Name BOUGHTON, JR	First Name EDWARD			MI J	Cash	contribution:    X   Personal C		Contribution 0924	ı ID#	Amount of Contribution
Residential Street Address 205 Branford Rd		City North Bra	anford		State CT	Zip Code 06471		ate Received		
Principal Occupation MECHANIC		Name of En	nployer		•	Is this contribution associ- fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribution \$10	ions 00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT										
		B. Itemiz	ed Contribution	ons from	Individu	ıals				
Last Name BOUGHTON	First Name STEPHAN	Œ		MI	Cash	contribution:  X Personal of the property of t		Contribution 0925	on ID#	Amount of Contribution
Residential Street Address 205 Branford Rd		City North Branford	d		State CT	Zip Code 06471		7/22/201		
Principal Occupation		Name of Employe	r			Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name RUSSO	First Name JOSEPH			MI	Cash	contribution:  X Personal y Order Credit/De		Contribution 1008	on ID#	Amount of Contribution
Residential Street Address 3 Hartung Pl		City Old Lyme			State CT	Zip Code 06371		ate Received		
Principal Occupation		Name of Employe	r			Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name DEANGELI	First Name CHRISTO	PHER		MI	Cash	contribution:  X Personal of the property of t		Contribution 0928	on ID#	Amount of Contribution
Residential Street Address 85 Briarwood Dr		City Meriden			State CT	Zip Code 06450		ate Received		
Principal Occupation RETIRED		Name of Employe	r			Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions \$20.00	\$20.00
Last Name PAGE	First Name ROSALINI	)		MI	Cash	contribution: Personal y Order X Credit/De		Contribution 0930	on ID#	Amount of Contribution
Residential Street Address 150 N Orchard St		City Wallingford			State CT	Zip Code 06492		ate Received		
Principal Occupation  LAND SURVEYOR		Name of Employer	r INE LAND SERV	ICES	•	Is this contribution assoc fundraising event listed i If yes, list Event #		H2 -	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT										
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name WILLIAMS	First Name JIM		MI	Cash	contribution: Personal C	heck 0914	bution ID #	Amount of Contribution		
Residential Street Address 517 Pilgrim's Hbr		City Wallingford		State CT	Zip Code 06492	Date Recei				
Principal Occupation SALES REP		Name of Employer SHRINK PACKAGING SYSTE	MS	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$50.00	\$50.00		
Last Name FONTANELLA	First Name BRUCE		MI A	Cash	contribution:  X Personal Contribution:  y Order Credit/Deb	heck 0991	bution ID#	Amount of Contribution		
Residential Street Address 658 Broad St		City Meriden		State CT	Zip Code 06450	Date Recei				
Principal Occupation ATTORNEY		Name of Employer SELF EMPLOYED		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name ANDERSON	First Name MARK		MI D	Cash	contribution: Personal Contribution:  y Order  X Credit/Deb	heck 0931	bution ID#	Amount of Contribution		
Residential Street Address 141 Dodgingtown Rd		City Bethel		State CT	Zip Code	Date Recei				
Principal Occupation PLUMBER		Name of Employer SELF		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$50.00	\$50.00		
Last Name DANEY	First Name BARBARA	\	MI P	Cash	contribution:  X Personal City Order Credit/Deb	heck 0973	bution ID#	Amount of Contribution		
Residential Street Address 47 Hillsview Ave		City Wallingford		State CT	Zip Code 06492	Date Recei				
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor a state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Farrell For CT										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name BANKOWSKI	First Name MICHELE		MI	Cash	contribution: Personal Cl	neck 091	ribution ID #	Amount of Contribution		
Residential Street Address 42 S Cherry St # 311		City Wallingford		State CT	Zip Code 06492	Date Rec 07/23/				
Principal Occupation ACCOUNTANT		Name of Employer ESPN			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	spatributions \$25.00	\$25.00		
Last Name PERNO	First Name DOMINIC		MI	Cash	contribution: Personal Cl  Order X Credit/Debi	neck 091	ribution ID #	Amount of Contribution		
Residential Street Address 37 Hope Hill Rd		City Wallingford		State CT	Zip Code 06492	Date Rec 07/23/				
Principal Occupation SR. VP		Name of Employer PMA COMPANIES		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	sntributions \$100.00	\$100.00		
Last Name PRINCE	First Name  DIANNE		MI	Cash	contribution: Personal Cl  Order X Credit/Debi	neck 091	ribution ID #	Amount of Contribution		
Residential Street Address PO Box 99		City <del>Agawam</del>		State MA	Zip Code <del>01001</del>	Date Rec				
Principal Occupation  CFO		Name of Employer  MAX RESTAURANT GROUP			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	sontributions \$200.00	<del>\$100.00</del>		
Last Name FRANCY	First Name MARY BET	тн	MI	Cash	contribution: Personal Cl  Order X Credit/Debi	neck 091	ribution ID#	Amount of Contribution		
Residential Street Address 18 Fairlawn Dr		City Wallingford		State CT	Zip Code 06492	Date Rec 07/23/				
Principal Occupation STAY AT HOME MOM		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor a state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	sntributions \$100.00	\$100.00		

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Farrell For CT									
		B. Itemized Contributi	ions from	Individu	ıals				
Last Name FAIENZA	First Name VINCENT		MI	X Cash	contribution:  Personal Cl y Order Credit/Debi	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 183 Coles Rd		City Cromwell		State CT	Zip Code		Received 23/2010		
Principal Occupation		Name of Employer UNIVERSAL TILE		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contributior \$100	1	\$100.00
Last Name BERAGREN	First Name		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address PO Box 236		City <del>Old Saybrook</del>		State <del>CT</del>	Zip Code <del>06475</del>		Received		
Principal Occupation RETAIL SALES		Name of Employer  SAV RITE LIQUOR			Is this contribution associa fundraising event listed in If yes, list Event #		X N	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregat	te Contribution	1	<del>\$100.00</del>
Last Name NEVES	First Name MARK		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 4 Ervie Dr		City Danbury		State CT	Zip Code 06811		Received 23/2010		
Principal Occupation CONTRACTOR		Name of Employer SELF			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$25	ns 5.00	\$25.00
Last Name DRAGHI	First Name GARY		MI B	Cash	contribution:    X   Personal Cl y Order   Credit/Debi	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 4 Patrick's Ct		City Wallingford		State CT	Zip Code 06492		Received 23/2010		
Principal Occupation  INVESTMENT MANAGER		Name of Employer CITY OF HARTFORD			Is this contribution associa fundraising event listed in If yes, list Event #		X N	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	bbyist?	Aggregat	te Contribution \$25	ns 5.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FII	LING DUE DATE		
Farrell For CT										
		B. Itemized Contribution	ons from	Individu	ıals		•			
Last Name PAPALE	First Name IRIS		MI F	Cash	contribution:  X Personal Ch  Order Credit/Debi	neck 0	Contribution ID	Amount of Contribution		
Residential Street Address 46 S Cherry St		City Wallingford		State CT	Zip Code 06492-3580		Received 23/2010			
Principal Occupation STORE MANAGER		Name of Employer IVES ROAD WINE			Is this contribution associate fundraising event listed in State If yes, list Event #		X No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$50.0			
Last Name STEVENS	First Name LAURIE		MI E	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 1	Contribution ID	0 # Amount of Contribution		
Residential Street Address 469 Savage St		City Southington		State CT	Zip Code 06489		Received 23/2010			
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second second in the second sec		X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.0			
Last Name CURLEY	First Name PETER		MI J	X Cash	contribution: Personal Ch  Order Credit/Debi	neck 1	Contribution ID	Amount of Contribution		
Residential Street Address 145 Beech Tree La		City Westbrook		State CT	Zip Code 06498		Received 23/2010			
Principal Occupation CEO		Name of Employer SHORELINE LANDSCAPING			Is this contribution associate fundraising event listed in State If yes, list Event #		X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$50.0			
Last Name PRINCE	First Name  DIANNE		MI	Cash	contribution: Personal Cl / Order X Credit/Debi	neck	Contribution ID	Amount of Contribution		
Residential Street Address 7 Forest Ridge Rd		City Agawam		State MA	Zip Code <b>01001</b>		Received 23/2010			
Principal Occupation  CFO		Name of Employer  MAX RESTAURANT GROUP			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Farrell For CT									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name BERGGREN	First Name NANCY		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address  11 Hill St		City Old Saybrook		State CT	Zip Code <b>06475</b>		e Received /23/2010	0	
Principal Occupation RETAIL SALES		Name of Employer SAV RITE LIQUOR			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contributio		\$100.00
Last Name FOX	First Name JEFFREY		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address  1 Gilbert Hill Rd		City Chester		State CT	Zip Code 06412-1306		e Received /24/2010		
Principal Occupation  MANAGEMENT CONSULTANT		Name of Employer FOX AND COMPANY		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregat	ste Contribution	ons 0.00	\$100.00
Last Name BULMER	First Name ALLEN		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 53 Saw Mill Dr		City Wallingford		State CT	Zip Code 06492		e Received /24/2010		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contributio	ons 0.00	\$20.00
Last Name VANDERBLUE	First Name JULIE		MI	Cash	contribution:    X   Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 327 Brookbend Rd		City Fairfield		State CT	Zip Code 06824-3831		e Received /24/2010		
Principal Occupation REALTOR		Name of Employer HIGGINS GROUP			Is this contribution associa fundraising event listed in If yes, list Event #		, <u> </u>	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contributio	ons 0.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT								
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name BARRASSO	First Name JOHN		MI A	Cash	contribution:    X   Personal Cl	heck 0986	oution ID#	Amount of Contribution
Residential Street Address 292 Pilgrim La		City Southington		State CT	Zip Code 06489	Date Recei 07/24/2		
Principal Occupation  EXECUTIVE VP		Name of Employer  MECHANICAL CONTRACTOR:	S		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name BARRASSO	First Name ELAINE		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0987	oution ID#	Amount of Contribution
Residential Street Address 292 Pilgrim La		City Southington		State CT	Zip Code 06489	Date Recei 07/24/2		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name DANEY	First Name HELEN		MI E	Cash	contribution:    X   Personal Cl	heck 0974	oution ID#	Amount of Contribution
Residential Street Address 47 Hillsview Ave		City Wallingford		State CT	Zip Code 06492	Date Recei 07/24/2		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name MALONEY	First Name MARY PAT	Т	MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0980	oution ID#	Amount of Contribution
Residential Street Address 6 Marco Rd		City Willington		State CT	Zip Code 06279-2008	Date Recei 07/24/2		
Principal Occupation  LAB TECHNICIAN		Name of Employer STATE OF CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$50.00	\$50.00

		I. MO	NETARY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. Item	ized Contributio	ons from	Individu	ıals				
Last Name HOLBROOK	First Name CARLA			MI	Cash	contribution:    X   Personal C		Contributi 0933	on ID#	Amount of Contribution
Residential Street Address 261 Spencer Plains Rd		City Westbrook			State CT	Zip Code 06498		Date Received		
Principal Occupation HAIRDRESSSER		Name of Emplo SELF	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name HOLBROOK	First Name SIDNEY			MI J	Cash	contribution:  X Personal C  y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 261 Spencer Plains Rd		City Westbrook			State CT	Zip Code 06498		Date Received		
Principal Occupation ER DIRECTOR		Name of Emplo GNHWPCA	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name SIMPSON	First Name ROBERT			MI	x Cash	contribution: Personal C		Contributi 0927	on ID#	Amount of Contribution
Residential Street Address 23 Pine Tree Hill Rd		City Shelton			State CT	Zip Code 06484		Date Received		
Principal Occupation FIELD REPRESENTATIVE		Name of Emplo LINDA MCM	oyer IAHON FOR SENAT	TE 2010		Is this contribution associ fundraising event listed in If yes, list Event #		112 <b>L</b>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribi	s10.00	\$10.00
Last Name MCLAUGHLIN	First Name SHARON			MI	Cash	contribution:  X Personal C  y Order Credit/De		Contributi 0922	on ID#	Amount of Contribution
Residential Street Address 15 Kibbe Rd		City Ellington			State CT	Zip Code 06029		Date Received		
Principal Occupation		Name of Emplo UNEMPLOYE	•			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions \$20.00	\$20.00

		I. MONETARY	RECEIP	TS (Section	on A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Farrell For CT								
		B. Itemized Contrib	outions fr	om Individ	uals			
Last Name WIELICZKA	First Name JANET		MI K	Cash	contribution:  X Personal C y Order Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 106 Snipsie Lake Rd		City Ellington		State CT	Zip Code 06029		Received 25/2010	
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ntributor a lobbyis ident child of a lob Yes	-	Aggregate	Contributions \$20.00	\$20.00
Last Name BERARDINO	First Name JON		MI B	Cash	contribution:  X Personal C y Order Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 105 Mattabasset Dr		City Durham		State CT	Zip Code 06422		Received 25/2010	
Principal Occupation INVESTOR		Name of Employer SELF		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ntributor a lobbyis ident child of a lob Yes	-	Aggregate	Contributions \$100.00	\$100.00
Last Name NEWELL	First Name BARBARA		MI M	Cash	contribution:    X   Personal C	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 60 Londonderry Dr		City Wallingford	•	State CT	Zip Code 06492		Received 25/2010	
Principal Occupation  INFO TECH SERVICES CLERK		Name of Employer WALLINGFORD BOE		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	Is condependent	ntributor a lobbyis ident child of a lob Yes		Aggregate	Contributions \$100.00	\$100.00
Last Name COOK	First Name DAVID		MI	Cash	contribution:  X Personal C y Order Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 120 Deepwood Dr		City Hamden		State CT	Zip Code 06517		Received 25/2010	
Principal Occupation BUSINESS OWNER		Name of Employer QUERALT LLC			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ntributor a lobbyis ident child of a lob Yes	obyist?	Aggregate	Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Farrell For CT										
		B. Itemized Contributi	ions fron	ı Individu	ıals					
Last Name BOWMAN	First Name CHRISTO	PHER	MI M	Cash	contribution:    X   Personal Cl	heck 0985	ution ID#	Amount of Contribution		
Residential Street Address 310 Moss Farm Rd		City Cheshire		State CT	Zip Code 06410-1961	Date Receiv 07/25/20				
Principal Occupation PLUMING MANAGER		Name of Employer WHITE BOWMAN			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$100.00	\$100.00		
Last Name FOX	First Name MARLENE	:	MI B	Cash	contribution:  X Personal Cl / Order Credit/Deb	heck 1000	ution ID#	Amount of Contribution		
Residential Street Address 103 Meadow Woods Rd		City Deep River		State CT	Zip Code 06417	Date Receiv 07/25/20				
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		
Last Name FRADIN	First Name PRICE		MI A	Cash	contribution:    X   Personal Cl	heck 1001	ution ID#	Amount of Contribution		
Residential Street Address 179 Robin Rd		City Glastonbury		State CT	Zip Code 06033	Date Receiv 07/25/20				
Principal Occupation ACCOUNTANT		Name of Employer CIGNA		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		
Last Name FRADIN	First Name TRICIA		MI D	Cash	contribution:  X Personal Cl / Order Credit/Deb	heck 1002	ution ID#	Amount of Contribution		
Residential Street Address 179 Robin Rd		City Glastonbury		State CT	Zip Code 06033	Date Receiv				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name	First Name		MI	Method of	contribution:		ution ID#	Amount of		
FOX	HEATHER		J	Cash Money	V Order X Personal Cl	1004		Contribution		
Residential Street Address		City		State	Zip Code	Date Recei	ved			
130 Knollwood Dr		Glastonbury		СТ	06033	07/25/20	010	1		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00		
Last Name FOX	First Name DAMIAN		MI J	Cash	contribution:    X   Personal Cl	neck 1003	ution ID#	Amount of Contribution		
Residential Street Address 130 Knollwood Dr		City Glastonbury		State CT	Zip Code 06033	Date Receiv				
Principal Occupation  LUBE SHOP MGR		Name of Employer FOXY FAST LUBE		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	1		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00		
Last Name DONNELLY	First Name EVA		MI A	Cash	contribution:  X Personal Cl  / Order Credit/Debi	neck 0976	ution ID#	Amount of Contribution		
Residential Street Address 25 Sunset Hill Rd		City Bethel	•	State CT	Zip Code 06801	Date Receiv				
Principal Occupation SALES		Name of Employer SELF		!	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00		
Last Name COOKE	First Name ROBERT		MI	Cash	contribution: Personal Cl	neck 1019	ution ID#	Amount of Contribution		
Residential Street Address 483 Foote Rd		City South Glastonbury		State CT	Zip Code 06073	Date Recei				
Principal Occupation PARTNER		Name of Employer MAX'S OYSTER BAR			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Cont	ributions \$100.00	\$100.00		

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ions from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
LEBL	GIORA			М	Cash Money	y Order X Personal C		0965		Contribution
Residential Street Address	l	City			State	Zip Code		ate Received		
205 Saw Pit Hill Rd		Woodbur	У		CT	06798		7/26/2010		
Principal Occupation		Name of Er	mplover		<u> </u>	Is this contribution associ	ated with	а Г	Yes	İ
CONSULTAN			AR INT'L LTD			fundraising event listed in If yes, list Event #	Section .	11? <b>x</b>	No No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of	_			I '—	child of a lob	•	1 381	-	\$75.00	\$75.00
government the contract is with:		Executive	Legislative		res X	No		1		
Last Name GOCLOWSKI	First Name DAVID			MI	Method of Cash	contribution:	Theck	Contribution	on ID#	Amount of
GOCLOWSKI	DAVID					y Order X Credit/Del		1018		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Damberg Pl		Branford			СТ	06405	0	7/26/2010	)	_
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
		S/E				If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	İ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:  Last Name	First Name	Executive	Legislative	I <sub>MI</sub>	I			<u> </u>		<u> </u>
CHEESEMAN	HOLLY			MII	Cash	contribution: Personal C	Check	Contribution 0993	on ID #	Amount of Contribution
					Money	y Order X Credit/Del	bit Card	0993		
Residential Street Address		City			State	Zip Code		ate Received		
16 Mitchell Dr		Niantic			СТ	06357		7/27/2010	<u> </u>	1
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		J1?	Yes	
PUBLIC RELATIONS		LVA				If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 —	child of a lob	-		\$	\$50.00	\$50.00
government the contract is with:	<u></u>	Executive	Legislative	+ -	I		<u> </u>	1		
Last Name BRANDT	First Name DEEDEE			MI	Method of Cash	contribution: Personal C	Check	Contributio	on ID #	Amount of Contribution
					Money	y Order X Credit/Del	bit Card	0961		
Residential Street Address		City			State	Zip Code		ate Received		
490 Hulls Farm Rd		Southpor	t		СТ	06890	0	7/27/2010	)	<u> </u>
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in		<sub>11?</sub>		
		UNEMPL	טזבט			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	itions	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	\$25.00	\$25.00
government the contract is with:	Ц	Executive	Legislative	L 1	res x	No				<u> </u>

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name Fi	irst Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
FARRELL	OROTHY			Т	Cash Money	Personal C  V Order  X Credit/Del		0955		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
19 Centre Village Dr		Madison			СТ	06443	0	7/27/2010	0	
Principal Occupation		Name of En	nployer			Is this contribution associa			Yes	Ī
PERFUSIONIST		RET. YAL	E UNIV			fundraising event listed in If yes, list Event #	Section J	11?	No	
Is contributor a principal of a state contractor or p	prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of				1 '	child of a lob	,		\$1	100.00	\$100.00
government the contract is with:	ᆜ	Executive	Legislative	L Y	es x	No		,		
	irst Name			MI		contribution:	n 1	Contribution	on ID#	Amount of
DOWNING	1ARYLOU				Cash Money	y Order Personal C		0990		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
3 Old Gate Rd		Wallingfo	rd		СТ	06492	0	7/27/2010	0	[
Principal Occupation		Name of En	nployer			Is this contribution associa			Yes	
RETIRED		N/A				fundraising event listed in If yes, list Event #	Section J	x	No	
Is contributor a principal of a state contractor or p	prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	ıtions	ĺ
state contractor? Is yes, indicate which branch or branches of				I —	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:	Ц	Executive	Legislative	<u> </u>	es x	No		,		
	irst Name			MI		contribution:	The colo	Contribution	on ID#	Amount of
COMSTOCK	OBERT				Cash Money	y Order X Credit/Deb		0950		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
27 Hamilton Dr		Madison			СТ	06443	0	7/27/2010	0	1
Principal Occupation		Name of En	nployer			Is this contribution associa			Yes	
RETIRED		N/A				fundraising event listed in If yes, list Event #	Section J	x	No	
I				, ,,,			1			†
Is contributor a principal of a state contractor or p state contractor?	orospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu		¢100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	□ Y	es x	No		\$.	100.00	\$100.00
	irst Name			MI	Method of	contribution:	<u> </u>	Contribution	on ID #	1
	OHN				Cash	Personal C	Check	0958	OII ID #	Amount of Contribution
					Money	y Order X Credit/Deb	oit Card	0330		
Residential Street Address		City			State	Zip Code		ate Received		
50 Pine Knob Ter		Milford			СТ	06461	0	7/27/2010	0	1
Principal Occupation		Name of En	nployer			Is this contribution associa			Yes	
PUBLISHER		NATIONA	AL REVIEW			fundraising event listed in If yes, list Event #	section J	<u>x</u>	No	
T (1) (1) (1) (1)	.*						1			<del> </del>
Is contributor a principal of a state contractor or p state contractor?	nospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu		#100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y		-	1	\$1	100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FI	ILING DUE DATE
Farrell For CT								
		B. Itemized Contributi	ions fron	ı Individu	ıals		•	
Last Name TRIANO	First Name VICTORIA	4	MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0	Contribution ID	Amount of Contribution
Residential Street Address 33 Belleview Ave		City Southington		State CT	Zip Code 06489		Received 27/2010	
Principal Occupation MINISTER		Name of Employer SOUTHINGTON CARE CENTER/CHRIST COMMUNIT	Y CHUR	•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$50.	
Last Name HOHEB	First Name CHRISTIA	AN	MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck 0	Contribution ID	O# Amount of Contribution
Residential Street Address 44 Forest Hills Dr		City Farmington		State CT	Zip Code 06032		Received 27/2010	
Principal Occupation ATTORNEY		Name of Employer SELF		•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye.	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.	
Last Name NORMEN	First Name ROY		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck 0	Contribution ID	O# Amount of Contribution
Residential Street Address 158 Homestead Dr		City South Windsor		State CT	Zip Code 06074		Received 27/2010	
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$25.	
Last Name GALLIGAN	First Name MATTHEW	V	MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck 0	Contribution ID	O# Amount of Contribution
Residential Street Address 22 Packard St		City Manchester		State CT	Zip Code 06040		Received 27/2010	
Principal Occupation UNDERWRITER		Name of Employer UNITED HEALTHCARE			Is this contribution associa fundraising event listed in If yes, list Event #		Ye x No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	Contributions \$20.	

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contributi	ions fron	ı Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
GIULIANO	MARILYN			М	Cash Money	y Order X Personal C		1010		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
43 Cricket Ct		Old Sayb	rook		СТ	06475	0	7/27/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
LEGISLATOR/PSYCHOLOGIST		GEN ASS SCHOOL	SEMBLY/REGION 18 S	PUBLIC		fundraising event listed in If yes, list Event #	1 Section .	)1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 m	t child of a lob Yes	•		\$:	100.00	\$100.00
government the contract is with:  Last Name	First Name	Executive	Degisianve	МІ	1	contribution:		1		
VIGGIANO	MARGARE	T		В	Cash	X Personal C	Check	Contribution	on ID#	Amount of Contribution
					Mone	y Order Credit/De	bit Card	1014		
Residential Street Address		City			State	Zip Code	D	ate Received		
61 Lynde St		Old Sayb	rook		СТ	06475	0	7/27/201	0	1
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
RETIRED		N/A				If yes, list Event #	i bection .	, T.	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	outor a lobbyis t child of a lob	obyist?	Aggre	egate Contribu	utions	\$100.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No				
Last Name BRAYSHAW	First Name JON			MI	Method of Cash	contribution:	Theck	Contributi	on ID#	Amount of
DRATSHAW	JON				_	y Order X Credit/De		0953		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
4 Long Hill Rd		Middlefie	ld		СТ	06455	0	7/27/201	0	ļ
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
SELECTMAN		TOWN O	F MIDDLEFIELD			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	st, spouse, or	Aggre	egate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		-	\$50.00	\$50.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No		1		
Last Name	First Name			MI		contribution:	Thools	Contributi	on ID#	Amount of
CAPENERA	RALPH	1			Cash Money	y Order X Credit/De		0959		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
56 Peria Dr		Rocky Hil	I		СТ	06067	0	7/27/201	0	<u> </u>
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		J1?	Yes	
CEO		I OPTOWN	I STORES			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	st, spouse, or	Aggre	egate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		-	100.00	\$100.00
government the contract is with:	ᆜ	Executive	Legislative		res X	No	1			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
LYON	STEPHEN				Cash Money	y Order X Credit/Del		0951		Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		
23 Winter St		Willimant	ic		CT	06226		7/27/2010	)	
Principal Occupation		Name of En	mployer			Is this contribution associ	ated with	a [	Yes	
ASSISTANT MANAGER		SUWAY				fundraising event listed in If yes, list Event #	Section .	11? <b></b>	No	
T 47 4 1 1 6 44 4 4				1			1			
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu	stions \$5.00	\$5.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No			\$5.00	\$3.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
MASTROGIOVANNI	WILLIAM				Cash Money	y Order Responsible Personal C		1017		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
3 Serra Dr		Unionville	9		CT	06085		7/27/2010	)	
Principal Occupation		Name of En	mployer		-	Is this contribution associ	ated with	a [	Yes	
ATTORNEY		SCULLY	NICKSA & REEVE			fundraising event listed in If yes, list Event #	Section .	I1? ==	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	It'h	utor a lobbyis		1.			
state contractor?	or prospective		Yes No		child of a lob	-	Aggre	gate Contribu	tions \$25.00	\$25.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No				Ψ23.00
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
FRANCIS	LAURA				Cash Money	y Order X Credit/Del		0960		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
65 Laurelbrook Rd		Durham			СТ	06422	0	7/27/2010	)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
FIRST SELECTMAN		TOWN O	F DURHAM			If yes, list Event #	i beetion .	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	100.00	\$100.00
government the contract is with:		Executive	Legislative	+ -	res X	No		1		
Last Name HEAGNEY	First Name ROBERT			MI	Method of Cash	contribution:	`heck	Contributio	on ID #	Amount of
HEAGNET	ROBERT					y Order X Credit/Del		0956		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
8 Fawnbrook La		Simsbury	,		СТ	06070	0	7/27/2010	)	
Principal Occupation		Name of En	mployer			Is this contribution associ			Yes	
ATTORNEY		LINDA M	CMAHON 2010			fundraising event listed in If yes, list Event #	i section ,	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggra	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	byist?	118810	-	50.00	\$50.00
government the contract is with:		Executive	Legislative		res X	No				

		I. MO	NETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT										
		B. Itemi	ized Contributi	ons from	Individu	ıals		•		
Last Name SHERMAN	First Name MARY			MI	Cash	contribution: Personal C y Order x Credit/Det		Contribution 0962	ı ID#	Amount of Contribution
Residential Street Address 26 Barn Finch Cir		City Naugatuck			State CT	Zip Code 06770		7/27/2010		
Principal Occupation SALES		Name of Employ AERCON CO			-	Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	child of a lob	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name BUCCITTI	First Name GRACE			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 0963	ı ID#	Amount of Contribution
Residential Street Address 85 Salem Rd		City Prospect			State CT	Zip Code 06712		ate Received 7/27/2010		
Principal Occupation OFFICE MGR		Name of Employ	yer		•	Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name SCANNELL	First Name DIANE			MI	Cash	contribution: Personal C y Order X Credit/Det		Contribution	ı ID#	Amount of Contribution
Residential Street Address 19 E Ridge Ct		City Cheshire			State CT	Zip Code 06410		rate Received		
Principal Occupation		Name of Employ	yer		•	Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contributi \$10	ions 00.00	\$100.00
Last Name TORLA	First Name CHRISTO	PHER		MI	Cash	contribution: Personal C y Order X Credit/Det		Contribution	ı ID#	Amount of Contribution
Residential Street Address 158 Ridge Wood Rd		City West Hartfor	<sup>-</sup> d		State CT	Zip Code 06107		ate Received 7/27/2010		
Principal Occupation CHEF/OWNER		Name of Employ				Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
LANDOLFI	JOHN				Cash Money	y Order		0994		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
145 Village St		North Bra	anford		СТ	06471	0	7/27/201	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of	or prospective	Encontino	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
government the contract is with:		Executive	Legislative					1		<u> </u>
Last Name SANDLER	First Name ROBIN			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 0996	on ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
15 Hart Ave		Branford			СТ	06074	0	7/27/201	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution associa			Yes	ĺ
ATTORNEY		ROBIN B	RUCE SANDLER			fundraising event listed in If yes, list Event #	Section .	J1? ==	No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$3	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
PATEL	SANGITA				Cash Money	y Order Personal C		0997		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
PO Box 4361		Hamden			<del>CT</del>	<del>06514</del>	0	7/27/201	0	
Principal Occupation		Name of Er SRNH IN				Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob	-		\$7	200.00	<del>\$100.00</del>
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
PATEL	ASHVIN	,		А	Cash Money	y Order Personal C		1006		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
PO Box 4361		Hamden			СТ	06514	0	7/27/201	0	1
Principal Occupation		Name of Er FRESH S				Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		\$:	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	res x	No				

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT										
		B. Ito	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
DONNELLY	CHRISTIN	IE		М	Cash Money	Personal C  Order Credit/Del		0998		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
6 Barrett St		Hamden			СТ	06517	0	7/27/2010	)	
Principal Occupation ADMINISTRATION		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$1	utions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	
UGOLIK	ANTHONY			E	Cash	Personal C Order Credit/Del		0999	JII ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
986 Ocean Ave		New Have	en		СТ		0	7/27/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	
SALES		A&E GLA	SS	_		fundraising event listed ir If yes, list Event #	section.	<u>x</u>	No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	tions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
PATEL	SANGITA	١			Cash Money	V Order Personal C		0997		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
291 Fountain St		New Hav	/en		СТ		0	7/27/20	10	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	outions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
PUGH	MILDRED				Cash Money	Personal C  Order X Credit/Del		1015		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
141 Natchaug Dr		Meriden			СТ	06450	0	7/27/2010	)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in			Yes	
RETIRED		N/A				If yes, list Event #	. Journal .	х	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	ı	Yes X No		utor a lobbyis	byist?	Aggre	gate Contribu	itions	\$25.00
government the contract is with:		Executive	Legislative	Y	es x	No				,

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Farrell For CT									
B. Itemized Contributions from Individuals									
Last Name DONNELLY	First Name PETER		MI	Cash	contribution: Personal Cl  Order X Credit/Debi	neck 101	tribution ID#	Amount of Contribution	
Residential Street Address 25 Sunset Hill Rd		City Bethel		State CT	Zip Code 06801	Date Rec 07/27/			
Principal Occupation HVAC CONTRACTOR		Name of Employer SELF			Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor or prospective state contractor?  Is yes, indicate which branch or branches of government the contract is with:  Executive Secutive Security Se				byist?	Aggregate Co	ontributions \$100.00	\$100.00		
Last Name TALBOT	First Name AILEEN		MI M	Cash	contribution:    X   Personal Cl	neck 097	tribution ID#	Amount of Contribution	
Residential Street Address 18 Elmwood Rd		City Wallingford		State CT	Zip Code 06492-3052	Date Rec			
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyist child of a lob	byist?	Aggregate Co	ontributions \$50.00	\$50.00	
						Tot	al of Section B	\$15,080.00	
TOTAL OF ALL CONTRIBU	UTIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary F	Page)	\$15,080.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	DUE DATE		
Farrell For CT										
C1. Contributions from Other Committees										
Name of Committee					Name of Treasurer					
Address			Is this contribution a fundraising event			Yes If yes, list Event	t #	Amount of Contribution		
City	State	Zip	Code	Date R	eceived	Aggregate Contributions				
Total of Section C1										

I. MONETA							
NAME OF COMMITTEE				FILIN	NG DUE DATE		
Farrell For CT							
C2. Reimbursements or Payments from other Committees							
Name of Committee			Name of Treasurer				
Address			Date Received		Amount of Receipt		
City	State	Zip Code	Reimbursement for shared expense				
			Payment for goods and services				
Total of Section C2							

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE					FILING	DUE DATE				
Farrell For CT										
	D. Loans Received this Period									
Name of Lender		_		Source of Loan:	Is there a cosigner or Guarantor of	Amount Received				
Street Address	City	State	Zip Code	Candidate  Individual	this loan? Yes					
Name of Cosigner/Guarantor	une of Cosigner/Guarantor									
Street Address	City	State	Zip Code	Date Received						
Total of Section D										

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					FILING DUE DATE				
Farrell For CT									
	E. Personal Funds of the Candidate Received this Period								
Date Received	Amount	Method of Paymen	t Cash	Personal Check	Credit/Debit Card				
Total of Section E									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	FILING DUE DATE									
Farrell For CT										
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount					

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE					FILI	NG DUE DATE				
Farrell For CT										
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Received				Total Amount Received				
Street Address	City		State	Zip Code						
Total of Section G										

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

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE				FILI	NG DUE DATE				
Farrell For CT									
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name		Date of Trans	saction		Amount Received				
Street Address	City	State	Zip Code						
Description									
			Total of Sec	ction I					

	II. FUNDRAISING	G EVENT ACTIVITY									
NAME OF						FILING	DUE 1	DATE			
COMMITTEE Farrell For CT											
J1. Fundraising Event Information											
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code			
Was this fundraising event he	osted at a personal residence?		Yes	1	No						
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No						
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	3	No						

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

	II. FUNDRAISING EVENT ACTIV	VITY	Y					
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT								
J3. In-Ki	nd Donations Not Considered Contributi	ions						
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation
Street Address	City		State	Zip	Code	Aggregate value for this even		
Description of Donation		Date	Receive	ed	Event #			
						Total of Se	ection J3	

	III. N	ONI	MO	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING	DUE DATE
Farrell For CT									
	K. Iı	n-Ki	nd (	Contributions					
Name							Date Receiv	ed	Fair Market Value of this Contribution
Street Address		Ci	ity		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		res Io	Is contributor a principal of a state contractor?  If yes, indicate which branch or branches government the contract is with:		espective state		Yes No Legislative	
Is this contribution associated with a fundilisted in Section J1? If yes, list Event#	raising event Y	res Io	Des	cription of In-Kind Contribution			Aggregate contr	ributions	
							Total of	f Section K	

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

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

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT							
	N. Expenses Paid By Commi	ttee					
Name of Payee  TD Banknorth		1	•	Date of Payment 07/01/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	 		
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	·d	
Description bank fees for credit card payments					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$27.51
X No				<u> </u>	1		\$27.31
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Banknorth	1			07/01/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	·d	
Description Chargeback creditcard payment					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			
x <sub>No</sub>							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Banknorth	Г			07/01/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	d	
Description returned check fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No.	r Other Candidate(s) N	lame		Office Sought			\$15.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee  Campaign CT LLC				Date of Payment 07/02/2010	Method of Payr	ment	Amount
Street Address PO Box 24	City Northford	State CT	Zip Code	Purpose of Expenditure	1035  Debit Car	·d	
Description consulting		•	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$3,364.84
Name of Payee Allison Norrie				Date of Payment 07/02/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 1048		
Farm Hill Road	Wallingford	CT	06492	PRNT	Debit Car	·d	
Description reimbursement for copies		ı			Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$108.14
Name of Payee  Jerry Farrell Jr.				Date of Payment 07/12/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1052		
54 N Elm St	Wallingford	СТ	06492	PRNT	Debit Car	d	
Description printing			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought	!		
X No							\$862.48

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT							
	N. Expenses Paid By Commi	ittee					
Name of Payee  Gerald E. Farrell, Sr				Date of Payment 07/12/2010	Method of Payr	ment	Amount
Street Address 106 S Whittlesey Ave	City Wallingford	State CT	Zip Code 06492	Purpose of Expenditure	1049 Debit Car	rd	
Description reimbursement for hotel for convention		•			Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$529.66
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Mary Ann Farrell	<del>1</del>		1	07/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1050</u>		
106 S Whittlesey Ave	Wallingford	СТ	06492	POST	Debit Car	d	
Description reimbursement postage					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Name		Office Sought			14 405 00
X No				<u> </u>	1		\$1,496.00
Name of Payee				Date of Payment 07/12/2010	Method of Payı	ment	Amount
Mary Ann Farrell		I			X Check # 1051		
Street Address  106 S Whittlesey Ave	City Wallingford	State CT	Zip Code 06492	Purpose of Expenditure OFFICE	Debit Car	·d	
Description Description	wainigiord	С.	00 132	1011102	Event #		
reimbursement supplies					E vent "		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Name		Office Sought			\$132.00
X No							φ132.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Jean Damiata	Cir.			Date of Payment 07/12/2010	Method of Payr  X Check #  1054	ment	Amount
Street Address 65 Westmont Dr .	City Middletown	State CT	Zip Code 06457	Purpose of Expenditure REF	Debit Car	d	
Description return of excess contribution	riiduletowii	<u> </u>	00137	re-	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$50.00
Name of Payee  crocodile Club				Date of Payment 07/26/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code 06010	Purpose of Expenditure Misc *	1056  Debit Car	rd	
95 Riverside Ave  Description tickets for event	Bristol	СТ	06010	IMISC "	Event #	u	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$100.00
Name of Payee Allison Norrie				Date of Payment 07/26/2010	Method of Payı  X Check #	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1055</u>		
Farm Hill Road	Wallingford	СТ	06492	OFFICE	Debit Car	d	
Description reimbursement for supplies					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
Yes X No					TD + 3 - 25		\$206.28
					Total of Sec	ction N	\$6,991.91

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

		IV. EXPENDITURES					
NAME OF COMMITTEE						FIL	ING DUE DATE
Farrell For CT							
Name of Issuing Institution			Type of Credit C	ard:			
			Visa	Master Card	Discover	Americ	can
			Other				
Name of Vendor					Date of Transaction		Amount
Street Address		City	State	Zip Code			
Purpose of Expenditure	Description		'		Event #		
					Total of Section	ı P	

IV. EXI	PENDITURES				
NAME OF COMMITTEE				FILING I	DUE DATE
Farrell For CT					
Q. Expenses Incurred By Co	mmittee but Not Paid Duri	ing this Period			
Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or
Street Address	City		State	Zip Code	Actual)
Purpose of Expenditure					
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?  Yes No	idate(s) Name	Office Sought			
			Total of	Section Q	

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

IV. EXPENDITURES								
NAME OF COMMITTEE				FII	LING DUE DATE			
Farrell For CT								
S. Surplus Distribution of Equipment and Furniture								
Name of Recipient					Original Purchase Amount of Item			
Street Address	City	State	Zip Code					
Description	•	•						
Total of Section S								