

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 74

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Farrell For CT					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	Christine		Grochowski			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
7 Taylor Ln		Wallingford		CT	06492	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
11/02/2010		Secretary of the State				
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	Jerry		Farrell	Jr		
9. TYPE OF REPORT						
Itemized Statement accompanying application for Public Grant - Amendment						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
07/01/2010                      thru                      07/27/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
Electronic Filing		Christine Grochowski		08/05/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Farrell For CT</b>		
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$24,059.55</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$15,080.00</b>	<b>\$76,710.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$15,080.00</b>	<b>\$76,710.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$39,139.55</b>	<b>\$76,710.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$6,991.91</b>	<b>\$44,562.36</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$32,147.64</b>	<b>\$32,147.64</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$5,224.33</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$3,546.73</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name <b>MARTLAND</b>	First Name <b>THEODORE</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0870</b>	Amount of Contribution
Residential Street Address <b>258 Good Hill Rd</b>	City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798</b>	Date Received <b>07/01/2010</b>	
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
				<b>\$100.00</b>	
Last Name <b>MEMBRINO</b>	First Name <b>RALPH</b>	MI <b>G</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0839</b>	Amount of Contribution
Residential Street Address <b>53 Coe Rd</b>	City <b>Wolcott</b>	State <b>CT</b>	Zip Code <b>06716</b>	Date Received <b>07/01/2010</b>	
Principal Occupation <b>DENTIST</b>	Name of Employer <b>SELF</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
				<b>\$100.00</b>	
Last Name <b>ZAZZARO, III</b>	First Name <b>JOHN</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0841</b>	Amount of Contribution
Residential Street Address <b>75 Newfield Ave</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06708</b>	Date Received <b>07/01/2010</b>	
Principal Occupation <b>DENTIST</b>	Name of Employer <b>SELF</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
				<b>\$100.00</b>	
Last Name <b>VACALEBRE</b>	First Name <b>CARMEN</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0840</b>	Amount of Contribution
Residential Street Address <b>PO Box 4594</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06704</b>	Date Received <b>07/01/2010</b>	
Principal Occupation <b>OWNER/PRESIDENT/CEO</b>	Name of Employer <b>CARMEN ANTHONY REST. GROUP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
				<b>\$100.00</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

### B. Itemized Contributions from Individuals

Last Name SCHMIDT		First Name GREGORY		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0842	Amount of Contribution
Residential Street Address 39 Longate Rd		City Clinton		State CT	Zip Code 06413		Date Received 07/01/2010	
Principal Occupation SALES/MKTG		Name of Employer DICHELLO DISTRIBUTORS			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name THIELMAN		First Name GENE		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0855	Amount of Contribution
Residential Street Address 155 Colony St			City Meriden		State CT	Zip Code 06451-3224		Date Received 07/01/2010
Principal Occupation			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name PENDLETON		First Name HOPE		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0891		Amount of Contribution	
Residential Street Address 40 Morningside Dr			City Wallingford			State CT		Zip Code 06492-4633		Date Received 07/01/2010	
Principal Occupation RETIRED			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	
\$25.00											

Last Name CALLEGARI		First Name JOANN		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0838	Amount of Contribution       \$10.00
Residential Street Address 29 Platt Ave		City West Haven		State CT	Zip Code 06516-5728	Date Received 07/02/2010		
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>BARBERINO</b>	First Name <b>ALAN</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0837</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>11 Pondsides Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/03/2010</b>		
Principal Occupation	Name of Employer <b>ALAN BARBERINO R/E LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>KAYNE</b>	First Name <b>RICHARD</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0836</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>1891 Litchfield Tpke</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>07/04/2010</b>		
Principal Occupation <b>MD</b>	Name of Employer <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>GIANELLI</b>	First Name <b>GENE</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0835</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>81 Center Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>07/04/2010</b>		
Principal Occupation <b>ROMAN CATHOLIC PRIEST</b>	Name of Employer <b>ARCHDIOCESE OF HARTFORD</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>PADULA</b>	First Name <b>G. JERRY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0829</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>248 Highland Dr</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06708-3612</b>	Date Received <b>07/06/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>BALAKRISHNAN</b>	First Name <b>NANTHINI</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0831</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>2918 Mount Snow Ct</b>	City <b>Ellicott City</b>	State <b>MD</b>	Zip Code <b>21402</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>COMPUTER SCIENTIST</b>	Name of Employer <b>US SOCIAL SECURITY ADMINISTRATION</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>OHLMANN</b>	First Name <b>KAREN</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0832</b>	Amount of Contribution          <b>\$10.00</b>
Residential Street Address <b>8 Hemingway Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>TEACHER</b>	Name of Employer <b>HAMDEN BOARD OF EDUCATION</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$10.00</b>		
Last Name <b>DILEGGE</b>	First Name <b>WILLIAM</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0833</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>PO Box 851</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>RESTAURANTEUR</b>	Name of Employer <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>PETRONIRO</b>	First Name <b>RANDY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0871</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>114 Harrison Dr</b>	City <b>Wolcott</b>	State <b>CT</b>	Zip Code <b>06716</b>	Date Received <b>07/07/2010</b>		
Principal Occupation	Name of Employer <b>MUSCO FUEL &amp; PROPANE</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>PETRONIRO</b>	First Name <b>DENISE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0853</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>114 Harrison Dr</b>	City <b>Wolcott</b>	State <b>CT</b>	Zip Code <b>06716</b>	Date Received <b>07/07/2010</b>		
Principal Occupation <b>SECRETARY</b>	Name of Employer <b>MUSCO FUEL &amp; PROPANE</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>WILSON-FOLEY</b>	First Name <b>LISA</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0857</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>76 Hartford Rd</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code	Date Received <b>07/07/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>DOW, III</b>	First Name <b>WILLIAM</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0869</b>	Amount of Contribution          <b>\$75.00</b>
Residential Street Address <b>2110 Chapel St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06510</b>	Date Received <b>07/08/2010</b>		
Principal Occupation <b>LAWYER</b>	Name of Employer <b>JACOBS, GOLDBERG, BELT &amp; DOW, PC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$75.00</b>		
Last Name <b>JAYANTHAN</b>	First Name <b>RAJ</b>	MI <b>K</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0866</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>35 Turnberry Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/10/2010</b>		
Principal Occupation <b>STUDENT</b>	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>JAYANTHAN</b>	First Name <b>PREM NAATH</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0867</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>35 Turnberry Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/10/2010</b>		
Principal Occupation <b>STUDENT</b>	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>BUCKLEY</b>	First Name <b>EILEEN</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0856</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>248 Lyons Plain Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>	Date Received <b>07/10/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>SCLAFANI</b>	First Name <b>ROSA</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0858</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>12 Wildfire Ln</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611-2655</b>	Date Received <b>07/10/2010</b>		
Principal Occupation <b>HOUSEWIFE</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>BARNES</b>	First Name <b>CARLYLE</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0861</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>400 Peacedale St</b>	City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010</b>	Date Received <b>07/11/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>MAHALINGAM</b>	First Name <b>BALAJI</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0848</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>171 Knollwood Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/11/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>MURUGESAN</b>	First Name <b>SANTHANA KRISHNAN</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0849</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>117 Knollwood Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492-2996</b>	Date Received <b>07/11/2010</b>		
Principal Occupation <b>SOFTWARE ENGINEER</b>	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>JINNA</b>	First Name <b>PRANEETH</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0850</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>176 Knollwood Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/11/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>TOTTEMPUDI</b>	First Name <b>KIRAN</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0851</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>176 Knollwood Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/11/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>JANI</b>	First Name <b>KASHYAP</b>	MI <b>U</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0852</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>60 Knollwood Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/11/2010</b>			
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>DIGENOVA</b>	First Name <b>CHRISTOPHER</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0900</b>	Amount of Contribution          <b>\$15.00</b>	
Residential Street Address <b>25 Birch Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/11/2010</b>			
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$15.00</b>
Last Name <b>PERRINO</b>	First Name <b>PHILIP</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0901</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>815 Chapel St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code	Date Received <b>07/12/2010</b>			
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>BABU BITLA</b>	First Name <b>NAVEEN</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0844</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>12 Broad St # 122</b>	City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06450</b>	Date Received <b>07/12/2010</b>			
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>TIPNIS</b>	First Name <b>SUDEEP</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0846</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>9 Windy Hill Ln</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Date Received <b>07/12/2010</b>		
Principal Occupation <b>ENGINEER</b>	Name of Employer <b>MMM CO</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>REVITA</b>	First Name <b>JOSEPH</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0847</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>14 Brook Cir</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492-1778</b>	Date Received <b>07/12/2010</b>		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>CIANCI, JR</b>	First Name <b>NICHOLAS</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0887</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>401 Blackstone Vlg</b>	City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06459</b>	Date Received <b>07/12/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>MURPHY</b>	First Name <b>CHARLOTTE</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0888</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>42 Academy St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511</b>	Date Received <b>07/13/2010</b>		
Principal Occupation <b>COMMUNICATIONS DIRECTOR</b>	Name of Employer <b>FOOTE SCHOOL</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		





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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>THOMPSON</b>	First Name <b>BARBARA</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0892</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>8 Autumn Leaves Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/13/2010</b>		
Principal Occupation <b>TOWN CLERK</b>	Name of Employer <b>TOWN OF WALLINGFORD</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>PETTINELLA</b>	First Name <b>GREG</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0966</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>63 Milton St Apt 1</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119-1216</b>	Date Received <b>07/13/2010</b>		
Principal Occupation <b>RESTAURANT MGR</b>	Name of Employer <b>NEW TOMATO LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>GAVIGAN</b>	First Name <b>WILLIAM</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0967</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>7 Farmstead Ln</b>	City <b>Ellington</b>	State <b>CT</b>	Zip Code <b>06029</b>	Date Received <b>07/14/2010</b>		
Principal Occupation <b>RESTAURANT MGR</b>	Name of Employer <b>HOT TOMATO'S</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>SASSI</b>	First Name <b>CHRIS</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0969</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>61 Sherwood Rd</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06052</b>	Date Received <b>07/14/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		







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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>DRUST</b>	First Name <b>DONALD</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0882</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>532 Oak Ridge Dr</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410-1715</b>	Date Received <b>07/15/2010</b>		
Principal Occupation <b>SUPERMARKET OWNER</b>	Name of Employer <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>DRUST</b>	First Name <b>DIANE</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0883</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>532 Oak Ridge Dr</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410-1715</b>	Date Received <b>07/15/2010</b>		
Principal Occupation <b>SUPERMARKET OWNER</b>	Name of Employer <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>MASTROBUONI</b>	First Name <b>LORI ANNE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0897</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>36 Timber La</b>	City <b>Bethany</b>	State <b>CT</b>	Zip Code <b>06524</b>	Date Received <b>07/15/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name <b>SEICHTER</b>	First Name <b>JUNE</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0890</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>163 Grieb Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/15/2010</b>		
Principal Occupation	Name of Employer <b>STATE OF CT</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>MCAHON</b>	First Name <b>LINDA</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0884</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>14 Hurlingham Dr</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>	Date Received <b>07/15/2010</b>			
Principal Occupation <b>CANDIDATE</b>	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>NORRIE</b>	First Name <b>ALLISON</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0902</b>	Amount of Contribution          <b>\$5.00</b>	
Residential Street Address <b>3 Farm Ct</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/15/2010</b>			
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$5.00</b>
Last Name <b>CARRIER</b>	First Name <b>JOHNNY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0903</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>1 Riverwood Rd</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code	Date Received <b>07/16/2010</b>			
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>BARNES</b>	First Name <b>HUBERT</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0895</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>169 Margaret Cir</b>	City <b>Naugatuck</b>	State <b>CT</b>	Zip Code <b>06770</b>	Date Received <b>07/16/2010</b>			
Principal Occupation <b>PIPEFITTER</b>	Name of Employer <b>LOCAL 777</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>







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

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**B. Itemized Contributions from Individuals**

Last Name <b>BENHAM</b>	First Name <b>ELIZABETH</b>	MI <b>K</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0907</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>861 N Farms Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/19/2010</b>		
Principal Occupation <b>ASSISTANT PRE-SCHOOL TEACHER</b>	Name of Employer <b>WALLINGFORD PARKS &amp; REC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>ROSENTHAL</b>	First Name <b>RICHARD</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0947</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>79 Balfour Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117-2936</b>	Date Received <b>07/19/2010</b>		
Principal Occupation <b>RESTAURANT OWNER</b>	Name of Employer <b>MAX RESTAURANT GROUP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>HINMAN</b>	First Name <b>DEBRA</b>	MI <b>L</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0910</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>45 Rock Rd</b>	City <b>Burlington</b>	State <b>CT</b>	Zip Code <b>06013</b>	Date Received <b>07/19/2010</b>		
Principal Occupation <b>EXECUTIVE SECRETARY</b>	Name of Employer <b>STATE OF CT DEPT OF AGRICULTURE</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>RESSLER</b>	First Name <b>SHELLEY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0898</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>1 Centerville Rd</b>	City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>07/20/2010</b>		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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

Last Name <b>MASTROBUONI</b>	First Name <b>ALBERT</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0899</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>36 Timber La</b>	City <b>Bethany</b>	State <b>CT</b>	Zip Code <b>06524</b>	Date Received <b>07/20/2010</b>		
Principal Occupation <b>OWNER</b>	Name of Employer <b>AMITY WINE &amp; SPIRIT INC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>ZALEWSKI</b>	First Name <b>BENEDICT</b>	MI <b>J</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0926</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>36A Harding Ave</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06405</b>	Date Received <b>07/20/2010</b>		
Principal Occupation <b>RESTAURANT MGR</b>	Name of Employer <b>ROCKY'S JAVA</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>LEAVITT</b>	First Name <b>DONALD</b>	MI <b>G</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0948</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>124 Forest Dr</b>	City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111-3128</b>	Date Received <b>07/20/2010</b>		
Principal Occupation <b>CONTRACTOR</b>	Name of Employer <b>MAGEE CONST CO INC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>AMBROSE</b>	First Name <b>PETER</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0940</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>1100 Kings Hwy E</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>	Date Received <b>07/20/2010</b>		
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>LERNER</b>	First Name <b>BRITTA</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0872</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>15 Birch Hill Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>	Date Received <b>07/20/2010</b>			
Principal Occupation <b>MOTHER</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>MCLACHLAN</b>	First Name <b>MICHAEL</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0911</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>47 W Wooster St</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06813</b>	Date Received <b>07/20/2010</b>			
Principal Occupation <b>STATE SENATOR</b>	Name of Employer <b>STATE OF CT</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>RICHTER</b>	First Name <b>ELSER</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0912</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>1980 Chapel St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515</b>	Date Received <b>07/20/2010</b>			
Principal Occupation <b>GENERAL MANAGER</b>	Name of Employer <b>QUINNIPIACK CLUB</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>WRIGHT</b>	First Name <b>SCOTT</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0945</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>111 Old Tree Farm Ln</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip Code <b>06611</b>	Date Received <b>07/21/2010</b>			
Principal Occupation <b>REAL ESTATE SALES</b>	Name of Employer <b>SELF EMPLOYED</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>FRANCIS</b>	First Name <b>MEG</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0941</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>170 Pell Meadow Dr</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-2962</b>	Date Received <b>07/21/2010</b>			
Principal Occupation <b>ECON DEVEL AGENT</b>	Name of Employer <b>STATE OF CT</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>SUCHY, III</b>	First Name <b>JOHN</b>	MI <b>J</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0936</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>6 Sugarbush Ct</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897</b>	Date Received <b>07/21/2010</b>			
Principal Occupation <b>MANAGER</b>	Name of Employer <b>STATE OF CT</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>TAYLOR</b>	First Name <b>WILLIAM</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0943</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>14 Topstone Dr</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810</b>	Date Received <b>07/21/2010</b>			
Principal Occupation <b>CONTRACTING PLUMBER</b>	Name of Employer <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>HALL</b>	First Name <b>JOHN</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0937</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>173 Blue Hills Ave</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06514</b>	Date Received <b>07/21/2010</b>			
Principal Occupation <b>REAL ESTATE</b>	Name of Employer <b>SELF EMPLOYED</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

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Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>ABRAMS</b>	First Name <b>STEVE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0917</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>32 Hillsboro Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>07/21/2010</b>		
Principal Occupation <b>RESTAURATOR</b>	Name of Employer <b>MAX DOWNTOWN</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>SUZIO</b>	First Name <b>MARY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0913</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>4 Hamilton Dr</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443</b>	Date Received <b>07/21/2010</b>		
Principal Occupation <b>SALES MANAGER</b>	Name of Employer <b>MYERS-SUZIO CO</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>CURRY</b>	First Name <b>KEVIN</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0908</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>19 Sachem Cir</b>	City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06450</b>	Date Received <b>07/21/2010</b>		
Principal Occupation <b>OWNER</b>	Name of Employer <b>DANBY'S SERVICE STAION, INC.</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>BURNS</b>	First Name <b>JOHN</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0977</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>44 Old Ridge Rd</b>	City <b>New Milford</b>	State <b>CT</b>	Zip Code <b>06776</b>	Date Received <b>07/21/2010</b>		
Principal Occupation <b>HVAC</b>	Name of Employer <b>FAMILY 1ST HVCC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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

Last Name FRIEDLER		First Name JOSEPH		MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0984		Amount of Contribution	
Residential Street Address 96 Taintor Dr			City Southport		State CT	Zip Code 06890		Date Received 07/21/2010				
Principal Occupation ATTORNEY			Name of Employer FRIEDLER & FREIDLER PC			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00	

Last Name CALVANESE		First Name MICHELLE		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1009	Amount of Contribution          \$100.00
Residential Street Address 183 Poplar Dr		City Plantsville		State CT	Zip Code 06479	Date Received 07/22/2010		
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name RONDINONE		First Name JOHN		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1011	Amount of Contribution       \$100.00
Residential Street Address 455 Wethersfield Ave		City Hartford		State CT	Zip Code 06114		Date Received 07/22/2010	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name ANTHONY		First Name SCOTT		MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1012	Amount of Contribution       \$100.00
Residential Street Address 36-3 Pond Rd		City Old Lyme		State CT	Zip Code 06371-2461		Date Received 07/22/2010	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	









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

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**B. Itemized Contributions from Individuals**

Last Name <b>WILLIAMS</b>	First Name <b>JIM</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0914</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>517 Pilgrim's Hbr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/23/2010</b>		
Principal Occupation <b>SALES REP</b>	Name of Employer <b>SHRINK PACKAGING SYSTEMS</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>FONTANELLA</b>	First Name <b>BRUCE</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0991</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>658 Broad St</b>	City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06450</b>	Date Received <b>07/23/2010</b>		
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>SELF EMPLOYED</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>ANDERSON</b>	First Name <b>MARK</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0931</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>141 Dodgingtown Rd</b>	City <b>Bethel</b>	State <b>CT</b>	Zip Code	Date Received <b>07/23/2010</b>		
Principal Occupation <b>PLUMBER</b>	Name of Employer <b>SELF</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>DANEY</b>	First Name <b>BARBARA</b>	MI <b>P</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0973</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>47 Hillsvie Ave</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/23/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>BANKOWSKI</b>	First Name <b>MICHELE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0915</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>42 S Cherry St # 311</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/23/2010</b>	
Principal Occupation <b>ACCOUNTANT</b>	Name of Employer <b>ESPN</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>	
Last Name <b>PERNO</b>	First Name <b>DOMINIC</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0916</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>37 Hope Hill Rd</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/23/2010</b>	
Principal Occupation <b>SR. VP</b>	Name of Employer <b>PMA COMPANIES</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <del><b>PRINCE</b></del>	First Name <del><b>DIANNE</b></del>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <del><b>0918</b></del>	Amount of Contribution          <del><b>\$100.00</b></del>
Residential Street Address <del><b>PO Box 99</b></del>	City <del><b>Agawam</b></del>	State <del><b>MA</b></del>	Zip Code <del><b>01001</b></del>	Date Received <del><b>07/23/2010</b></del>	
Principal Occupation <del><b>CFO</b></del>	Name of Employer <del><b>MAX RESTAURANT GROUP</b></del>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del><b>\$200.00</b></del>	
Last Name <b>FRANCY</b>	First Name <b>MARY BETH</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0919</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>18 Fairlawn Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/23/2010</b>	
Principal Occupation <b>STAY AT HOME MOM</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	

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

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**B. Itemized Contributions from Individuals**

Last Name <b>FAIENZA</b>	First Name <b>VINCENT</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0920</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>183 Coles Rd</b>	City <b>Cromwell</b>	State <b>CT</b>	Zip Code	Date Received <b>07/23/2010</b>		
Principal Occupation	Name of Employer <b>UNIVERSAL TILE</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <del><b>BERAGREN</b></del>	First Name <del><b>NANCY</b></del>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <del><b>0929</b></del>	Amount of Contribution          <del><b>\$100.00</b></del>
Residential Street Address <del><b>PO Box 236</b></del>	City <del><b>Old Saybrook</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06475</b></del>	Date Received <del><b>07/23/2010</b></del>		
Principal Occupation <del><b>RETAIL SALES</b></del>	Name of Employer <del><b>SAV RITE LIQUOR</b></del>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del><b>\$200.00</b></del>		
Last Name <b>NEVES</b>	First Name <b>MARK</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0932</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>4 Ervie Dr</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06811</b>	Date Received <b>07/23/2010</b>		
Principal Occupation <b>CONTRACTOR</b>	Name of Employer <b>SELF</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		
Last Name <b>DRAGHI</b>	First Name <b>GARY</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0981</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>4 Patrick's Ct</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/23/2010</b>		
Principal Occupation <b>INVESTMENT MANAGER</b>	Name of Employer <b>CITY OF HARTFORD</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>PAPALE</b>	First Name <b>IRIS</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0975</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>46 S Cherry St</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492-3580</b>	Date Received <b>07/23/2010</b>			
Principal Occupation <b>STORE MANAGER</b>	Name of Employer <b>IVES ROAD WINE</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>STEVENS</b>	First Name <b>LAURIE</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1005</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>469 Savage St</b>	City <b>Southington</b>	State <b>CT</b>	Zip Code <b>06489</b>	Date Received <b>07/23/2010</b>			
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>CURLEY</b>	First Name <b>PETER</b>	MI <b>J</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1007</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>145 Beech Tree La</b>	City <b>Westbrook</b>	State <b>CT</b>	Zip Code <b>06498</b>	Date Received <b>07/23/2010</b>			
Principal Occupation <b>CEO</b>	Name of Employer <b>SHORELINE LANDSCAPING</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>PRINCE</b>	First Name <b>DIANNE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0918</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>7 Forest Ridge Rd</b>	City <b>Agawam</b>	State <b>MA</b>	Zip Code <b>01001</b>	Date Received <b>07/23/2010</b>			
Principal Occupation <b>CFO</b>	Name of Employer <b>MAX RESTAURANT GROUP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>

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

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Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>BERGGREN</b>	First Name <b>NANCY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0929</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>11 Hill St</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475</b>	Date Received <b>07/23/2010</b>		
Principal Occupation <b>RETAIL SALES</b>	Name of Employer <b>SAV RITE LIQUOR</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>FOX</b>	First Name <b>JEFFREY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1013</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>1 Gilbert Hill Rd</b>	City <b>Chester</b>	State <b>CT</b>	Zip Code <b>06412-1306</b>	Date Received <b>07/24/2010</b>		
Principal Occupation <b>MANAGEMENT CONSULTANT</b>	Name of Employer <b>FOX AND COMPANY</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>BULMER</b>	First Name <b>ALLEN</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0982</b>	Amount of Contribution     <b>\$20.00</b>
Residential Street Address <b>53 Saw Mill Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/24/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>VANDERBLUE</b>	First Name <b>JULIE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0983</b>	Amount of Contribution     <b>\$100.00</b>
Residential Street Address <b>327 Brookbend Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824-3831</b>	Date Received <b>07/24/2010</b>		
Principal Occupation <b>REALTOR</b>	Name of Employer <b>HIGGINS GROUP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>BARRASSO</b>	First Name <b>JOHN</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0986</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>292 Pilgrim La</b>	City <b>Southington</b>	State <b>CT</b>	Zip Code <b>06489</b>	Date Received <b>07/24/2010</b>		
Principal Occupation <b>EXECUTIVE VP</b>	Name of Employer <b>MECHANICAL CONTRACTORS</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>BARRASSO</b>	First Name <b>ELAINE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0987</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>292 Pilgrim La</b>	City <b>Southington</b>	State <b>CT</b>	Zip Code <b>06489</b>	Date Received <b>07/24/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>DANEY</b>	First Name <b>HELEN</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0974</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>47 Hillview Ave</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/24/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>MALONEY</b>	First Name <b>MARY PAT</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0980</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>6 Marco Rd</b>	City <b>Willington</b>	State <b>CT</b>	Zip Code <b>06279-2008</b>	Date Received <b>07/24/2010</b>		
Principal Occupation <b>LAB TECHNICIAN</b>	Name of Employer <b>STATE OF CT</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>WIELICZKA</b>	First Name <b>JANET</b>	MI <b>K</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0923</b>	Amount of Contribution          <b>\$20.00</b>
Residential Street Address <b>106 Snipsie Lake Rd</b>	City <b>Ellington</b>	State <b>CT</b>	Zip Code <b>06029</b>	Date Received <b>07/25/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$20.00</b>		
Last Name <b>BERARDINO</b>	First Name <b>JON</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0921</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>105 Mattabasset Dr</b>	City <b>Durham</b>	State <b>CT</b>	Zip Code <b>06422</b>	Date Received <b>07/25/2010</b>		
Principal Occupation <b>INVESTOR</b>	Name of Employer <b>SELF</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>NEWELL</b>	First Name <b>BARBARA</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0988</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>60 Londonderry Dr</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip Code <b>06492</b>	Date Received <b>07/25/2010</b>		
Principal Occupation <b>INFO TECH SERVICES CLERK</b>	Name of Employer <b>WALLINGFORD BOE</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>COOK</b>	First Name <b>DAVID</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0989</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>120 Deepwood Dr</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>07/25/2010</b>		
Principal Occupation <b>BUSINESS OWNER</b>	Name of Employer <b>QUERALT LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		



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

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**B. Itemized Contributions from Individuals**

Last Name <b>BOWMAN</b>	First Name <b>CHRISTOPHER</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0985</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>310 Moss Farm Rd</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410-1961</b>	Date Received <b>07/25/2010</b>		
Principal Occupation <b>PLUMING MANAGER</b>	Name of Employer <b>WHITE BOWMAN</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>FOX</b>	First Name <b>MARLENE</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1000</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>103 Meadow Woods Rd</b>	City <b>Deep River</b>	State <b>CT</b>	Zip Code <b>06417</b>	Date Received <b>07/25/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>FRADIN</b>	First Name <b>PRICE</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1001</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>179 Robin Rd</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>07/25/2010</b>		
Principal Occupation <b>ACCOUNTANT</b>	Name of Employer <b>CIGNA</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>FRADIN</b>	First Name <b>TRICIA</b>	MI <b>D</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1002</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>179 Robin Rd</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>07/25/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		







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

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**B. Itemized Contributions from Individuals**

Last Name <b>TRIANO</b>	First Name <b>VICTORIA</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0954</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>33 Belleview Ave</b>	City <b>Southington</b>	State <b>CT</b>	Zip Code <b>06489</b>	Date Received <b>07/27/2010</b>			
Principal Occupation <b>MINISTER</b>	Name of Employer <b>SOUTHINGTON CARE CENTER/CHRIST COMMUNITY CHUR</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>HOHEB</b>	First Name <b>CHRISTIAN</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0957</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>44 Forest Hills Dr</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>07/27/2010</b>			
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>SELF</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>NORMEN</b>	First Name <b>ROY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0995</b>	Amount of Contribution          <b>\$25.00</b>	
Residential Street Address <b>158 Homestead Dr</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>	Date Received <b>07/27/2010</b>			
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$25.00</b>
Last Name <b>GALLIGAN</b>	First Name <b>MATTHEW</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0952</b>	Amount of Contribution          <b>\$20.00</b>	
Residential Street Address <b>22 Packard St</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040</b>	Date Received <b>07/27/2010</b>			
Principal Occupation <b>UNDERWRITER</b>	Name of Employer <b>UNITED HEALTHCARE</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$20.00</b>





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

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**B. Itemized Contributions from Individuals**

Last Name <b>SHERMAN</b>	First Name <b>MARY</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0962</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>26 Barn Finch Cir</b>	City <b>Naugatuck</b>	State <b>CT</b>	Zip Code <b>06770</b>	Date Received <b>07/27/2010</b>			
Principal Occupation <b>SALES</b>	Name of Employer <b>AERCON CORP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>BUCCITTI</b>	First Name <b>GRACE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0963</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>85 Salem Rd</b>	City <b>Prospect</b>	State <b>CT</b>	Zip Code <b>06712</b>	Date Received <b>07/27/2010</b>			
Principal Occupation <b>OFFICE MGR</b>	Name of Employer <b>AERCON</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>SCANNELL</b>	First Name <b>DIANE</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0964</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>19 E Ridge Ct</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410</b>	Date Received <b>07/27/2010</b>			
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>
Last Name <b>TORLA</b>	First Name <b>CHRISTOPHER</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0992</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>158 Ridge Wood Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>07/27/2010</b>			
Principal Occupation <b>CHEF/OWNER</b>	Name of Employer <b>TRUMBULL KITCHEN</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$100.00</b>



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

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Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>LANDOLFI</b>	First Name <b>JOHN</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0994</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>145 Village St</b>	City <b>North Branford</b>	State <b>CT</b>	Zip Code <b>06471</b>	Date Received <b>07/27/2010</b>		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>SANDLER</b>	First Name <b>ROBIN</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0996</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>15 Hart Ave</b>	City <b>Branford</b>	State <b>CT</b>	Zip Code <b>06074</b>	Date Received <b>07/27/2010</b>		
Principal Occupation <b>ATTORNEY</b>	Name of Employer <b>ROBIN BRUCE SANDLER</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>PATEL</b>	First Name <b>SANGITA</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0997</b>	Amount of Contribution          <del><b>\$100.00</b></del>
Residential Street Address <b>PO Box 4361</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06514</b>	Date Received <b>07/27/2010</b>		
Principal Occupation	Name of Employer <b>SRNH INC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <del><b>\$200.00</b></del>		
Last Name <b>PATEL</b>	First Name <b>ASHVIN</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1006</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>PO Box 4361</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06514</b>	Date Received <b>07/27/2010</b>		
Principal Occupation	Name of Employer <b>FRESH STAND</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

**B. Itemized Contributions from Individuals**

Last Name <b>DONNELLY</b>	First Name <b>CHRISTINE</b>	MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0998</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>6 Barrett St</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06517</b>	Date Received <b>07/27/2010</b>		
Principal Occupation <b>ADMINISTRATION</b>	Name of Employer <b>TPSI</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>UGOLIK</b>	First Name <b>ANTHONY</b>	MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0999</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>986 Ocean Ave</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code	Date Received <b>07/27/2010</b>		
Principal Occupation <b>SALES</b>	Name of Employer <b>A&amp;E GLASS</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>PATEL</b>	First Name <b>SANGITA</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0997</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>291 Fountain St</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code	Date Received <b>07/27/2010</b>		
Principal Occupation	Name of Employer <b>SRNH INC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>PUGH</b>	First Name <b>MILDRED</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>1015</b>	Amount of Contribution          <b>\$25.00</b>
Residential Street Address <b>141 Natchaug Dr</b>	City <b>Meriden</b>	State <b>CT</b>	Zip Code <b>06450</b>	Date Received <b>07/27/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>N/A</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>		

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

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

### B. Itemized Contributions from Individuals

Last Name DONNELLY		First Name PETER		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1016	Amount of Contribution
Residential Street Address 25 Sunset Hill Rd		City Bethel		State CT	Zip Code 06801		Date Received 07/27/2010	
Principal Occupation HVAC CONTRACTOR		Name of Employer SELF			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name <b>TALBOT</b>		First Name <b>AILEEN</b>		MI <b>M</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0978</b>	Amount of Contribution
Residential Street Address <b>18 Elmwood Rd</b>			City <b>Wallingford</b>		State <b>CT</b>	Zip Code <b>06492-3052</b>	Date Received <b>07/27/2010</b>	
Principal Occupation <b>RETIRED</b>			Name of Employer <b>N/A</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions  <b>\$50.00</b>	<b>\$50.00</b>

**Total of Section B**

**\$15,080.00**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A & B)

(Total on Line 14 of Summary Page)

**\$15,080.00**

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

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

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Farrell For CT				
<b>C2. Reimbursements or Payments from other Committees</b>				
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	
<b>Total of Section C2</b>				

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

NAME OF COMMITTEE				FILING DUE DATE		
Farrell For CT						
<b>D. Loans Received this Period</b>						
Name of Lender				Source of Loan:  Bank  Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		
<b>Total of Section D</b>						

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

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



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

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:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

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

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

### III. NONMONETARY RECEIPTS

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

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Farrell For CT	

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				



### III. NONMONETARY RECEIPTS

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

# IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Farrell For CT								
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
TD Banknorth					07/01/2010	<input type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		
Main Street		Wallingford		CT	06492	<input checked="" type="checkbox"/> Debit Card		
Description					Event #			
bank fees for credit card payments								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name		Office Sought	
							\$27.51	
Name of Payee					Date of Payment	Method of Payment		Amount
TD Banknorth					07/01/2010	<input type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		
Main Street		Wallingford		CT	06492	<input checked="" type="checkbox"/> Debit Card		
Description					Event #			
Chargeback creditcard payment								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name		Office Sought	
							\$100.00	
Name of Payee					Date of Payment	Method of Payment		Amount
TD Banknorth					07/01/2010	<input type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		
Main Street		Wallingford		CT	06492	<input checked="" type="checkbox"/> Debit Card		
Description					Event #			
returned check fee								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name		Office Sought	
							\$15.00	

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Farrell For CT							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Campaign CT LLC					07/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1035</u>	<input type="checkbox"/> Debit Card	
PO Box 24	Northford	CT		CNSLT			
Description					Event #		
consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3,364.84
Name of Payee					Date of Payment	Method of Payment	Amount
Allison Norrie					07/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1048</u>	<input type="checkbox"/> Debit Card	
Farm Hill Road	Wallingford	CT	06492	PRNT			
Description					Event #		
reimbursement for copies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$108.14
Name of Payee					Date of Payment	Method of Payment	Amount
Jerry Farrell Jr.					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1052</u>	<input type="checkbox"/> Debit Card	
54 N Elm St	Wallingford	CT	06492	PRNT			
Description					Event #		
printing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$862.48

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Farrell For CT							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Gerald E. Farrell, Sr					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1049</u>	<input type="checkbox"/> Debit Card	
106 S Whittlesey Ave	Wallingford	CT	06492	TRVL			
Description					Event #		
reimbursement for hotel for convention							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$529.66							
Name of Payee					Date of Payment	Method of Payment	Amount
Mary Ann Farrell					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1050</u>	<input type="checkbox"/> Debit Card	
106 S Whittlesey Ave	Wallingford	CT	06492	POST			
Description					Event #		
reimbursement postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$1,496.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Mary Ann Farrell					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1051</u>	<input type="checkbox"/> Debit Card	
106 S Whittlesey Ave	Wallingford	CT	06492	OFFICE			
Description					Event #		
reimbursement supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$132.00							

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Farrell For CT							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jean Damiata					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1054</u>	<input type="checkbox"/> Debit Card	
65 Westmont Dr .	Middletown	CT	06457	REF			
Description					Event #		
return of excess contribution							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$50.00
Name of Payee					Date of Payment	Method of Payment	Amount
crocodile Club					07/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1056</u>	<input type="checkbox"/> Debit Card	
95 Riverside Ave	Bristol	CT	06010	Misc *			
Description					Event #		
tickets for event							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$100.00
Name of Payee					Date of Payment	Method of Payment	Amount
Allison Norrie					07/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1055</u>	<input type="checkbox"/> Debit Card	
Farm Hill Road	Wallingford	CT	06492	OFFICE			
Description					Event #		
reimbursement for supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$206.28
Total of Section N							\$6,991.91

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

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

# IV. EXPENDITURES

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



# IV. EXPENDITURES

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 which reimbursement is sought?			Other Candidate(s) Name				Office Sought
Yes							
No							
Total of Section R							

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