

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 391

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
<b>Friends Of Susan 2010, Inc.</b>					<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	<b>Ted</b>		<b>Doolittle</b>						
4. TREASURER ADDRESS									
Street Address			City		State		Zip Code		
<b>84 Walden St</b>			<b>West Hartford</b>		<b>CT</b>		<b>06107</b>		
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
<b>11/02/2010</b>									
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	<b>Susan</b>		<b>Bysiewicz</b>						
9. TYPE OF REPORT									
<b>January 10 Filing - Original</b>									
10. PERIOD COVERED									
Beginning Date					Ending Date				
<b>10/01/2009</b>			thru		<b>12/31/2009</b>				
11. CERTIFICATION									
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.									
<b>Electronic Filing</b>			<b>Ted Doolittle</b>			<b>01/11/2010</b>			
SIGNATURE			PRINT NAME OF THE SIGNER			DATE CERTIFIED			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Friends Of Susan 2010, Inc.</b>	Original 01/11/2010	
	<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>\$227,924.48</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$120,780.00</b>	<b>\$458,895.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$5,475.00</b>	<b>\$6,975.00</b>
16. Other Monetary Receipts (Section D-1)	<b>\$0.00</b>	<b>\$1,497.50</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>\$126,255.00</b>	<b>\$467,367.50</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$354,179.48</b>	<b>\$467,367.50</b>
20. Expenses Paid by Committee (Section N)	<b>\$114,970.34</b>	<b>\$228,158.36</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$239,209.14</b>	<b>\$239,209.14</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$400.00</b>	<b>\$3,200.00</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>\$315.20</b>	<b>\$2,340.20</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010
<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> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name Pagliaro	First Name Raymond	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 # 1474	Amount of Contribution
Residential Street Address 37 Lakeview Ave	City Hamden	State CT	Zip Code 06517	Date Received 10/01/2009		
Principal Occupation Sales	Name of Employer R&C Enterprises, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00
Is contributor a principal 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 \$200.00
Last Name Faraci	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1475	Amount of Contribution
Residential Street Address 2600 E Malone Ave	City Sikeston	State MO	Zip Code 63801	Date Received 10/02/2009		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal 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
Is contributor a principal 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
Last Name Knapp	First Name Raymond	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 # 1476	Amount of Contribution
Residential Street Address 61 Ripton Ridge Rd .	City Monroe	State CT	Zip Code 06468	Date Received 10/02/2009		
Principal Occupation Optician	Name of Employer RW Knapp Opt	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00
Is contributor a principal 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 \$50.00
Last Name Merlin	First Name Lawrence	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 # 1477	Amount of Contribution
Residential Street Address 48 High Gate Dr	City Avon	State CT	Zip Code 06001	Date Received 10/04/2009		
Principal Occupation Attorney	Name of Employer Merlin and Karter	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00
Is contributor a principal 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 \$150.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Widlitz	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1481	Amount of Contribution
Residential Street Address 12 Island Bay Cir	City Guilford	State CT	Zip Code 06437	Date Received 10/05/2009	
Principal Occupation Legislator	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Anthony	First Name Phil	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1478	Amount of Contribution
Residential Street Address PO Box 311	City Griswold	State CT	Zip Code 06351	Date Received 10/05/2009	
Principal Occupation First Selectman	Name of Employer Town of Griswold	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Nowakowski	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1479	Amount of Contribution
Residential Street Address 479 Cossaduck HI	City North Stonington	State CT	Zip Code 06359	Date Received 10/05/2009	
Principal Occupation Recreation Director	Name of Employer Strawberry Park	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Welch	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1480	Amount of Contribution
Residential Street Address 34 Windbrook Dr	City Suffield	State CT	Zip Code 06078	Date Received 10/05/2009	
Principal Occupation Accountant	Name of Employer Welch & Associates, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Wetmore	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1482	Amount of Contribution
Residential Street Address 4 Shelton Ter	City Trumbull	State CT	Zip Code 06611	Date Received 10/06/2009	
Principal Occupation Corporate Lawyer	Name of Employer Amphenol	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Boylin	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1483	Amount of Contribution
Residential Street Address 1228 Arbutus St	City Durham	State CT	Zip Code 06422	Date Received 10/07/2009	
Principal Occupation Psychotherapist	Name of Employer State Of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name DeWitt	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1484	Amount of Contribution
Residential Street Address 269 Southbury Rd	City Roxbury	State CT	Zip Code 06783	Date Received 10/07/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Limoncelli	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1485	Amount of Contribution
Residential Street Address 58 Mansfield Grove Rd	City East Haven	State CT	Zip Code 06512	Date Received 10/07/2009	
Principal Occupation Financial Services and Insurance	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rubenstein	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1486	Amount of Contribution
Residential Street Address 39 Midlands Dr	City West Hartford	State CT	Zip Code 06107	Date Received 10/07/2009	
Principal Occupation President	Name of Employer Plymouth Spring Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Madden	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1489	Amount of Contribution
Residential Street Address 19 Wynwood Dr	City Cromwell	State CT	Zip Code 06416	Date Received 10/08/2009	
Principal Occupation Realtor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Angoff	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1487	Amount of Contribution
Residential Street Address 123 Everit St	City New Haven	State CT	Zip Code 06511	Date Received 10/08/2009	
Principal Occupation Physician	Name of Employer Pediatric and Medical Association	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Lukaj	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1488	Amount of Contribution
Residential Street Address 3 Wyckham Hill Ln	City Greenwich	State CT	Zip Code 06831	Date Received 10/08/2009	
Principal Occupation Investment Banker	Name of Employer Bank Street Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Malkowski	First Name Wanda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1490	Amount of Contribution
Residential Street Address 90 Roaring Brook Dr	City Southington	State CT	Zip Code 06489	Date Received 10/08/2009	
Principal Occupation Treasurer	Name of Employer Continental Machine	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Manatos	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1491	Amount of Contribution
Residential Street Address 6856 Tulip Hill Ter	City Bethesda	State MD	Zip Code 20816	Date Received 10/08/2009	
Principal Occupation President	Name of Employer Manatos & Manatos	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Keshian	First Name Janet	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 # 1492	Amount of Contribution
Residential Street Address 94 Seaview Ave	City Branford	State CT	Zip Code 06405	Date Received 10/13/2009	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Becker	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1493	Amount of Contribution
Residential Street Address 34 Pond St	City Milford	State CT	Zip Code 06460	Date Received 10/14/2009	
Principal Occupation Assistant Attorney General	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Boutsioulis	First Name Alex	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1494	Amount of Contribution
Residential Street Address 671 Cortland Cir	City Cheshire	State CT	Zip Code 06410	Date Received 10/14/2009	
Principal Occupation Electrical Engineer	Name of Employer United Illuminating	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Cote	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1495	Amount of Contribution
Residential Street Address 103 Middle Rd	City Enfield	State CT	Zip Code 06082	Date Received 10/14/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Datelle	First Name Concetta	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1496	Amount of Contribution
Residential Street Address 36 Deepwood Dr	City Waterbury	State CT	Zip Code 06708	Date Received 10/14/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Denz	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1497	Amount of Contribution
Residential Street Address 175 Stony Creek Rd	City Branford	State CT	Zip Code 06405	Date Received 10/14/2009	
Principal Occupation Real Estate	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Gordon	First Name Glenn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1498	Amount of Contribution
Residential Street Address 228 Scotland Rd	City Norwich	State CT	Zip Code 06360	Date Received 10/14/2009	
Principal Occupation Attorney	Name of Employer Chinigo, Leone and Maruzo	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

Last Name Ostertag	First Name Agnes	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1500	Amount of Contribution
Residential Street Address 95 Cianci Rd	City New Britain	State CT	Zip Code 06053	Date Received 10/14/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

Last Name Provost	First Name Cheryl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1501	Amount of Contribution
Residential Street Address 6 Overlook Dr	City Plainville	State CT	Zip Code 06062	Date Received 10/14/2009	
Principal Occupation Sales Engineer	Name of Employer Ceram Optec Ind	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

Last Name Turner	First Name Donald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1502	Amount of Contribution
Residential Street Address 1150 S Main St	City Middletown	State CT	Zip Code 06457	Date Received 10/14/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Walker	First Name Brandon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1503	Amount of Contribution
Residential Street Address 31 Nolan Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 10/14/2009	
Principal Occupation DSW	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00
Last Name Morante	First Name Rosemary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1499	Amount of Contribution
Residential Street Address 28 Welch St	City Plainville	State CT	Zip Code 06062	Date Received 10/14/2009	
Principal Occupation Administrator	Name of Employer Windsor Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Carter	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1506	Amount of Contribution
Residential Street Address 1826 Bucks Hill Rd	City Southbury	State CT	Zip Code 06488	Date Received 10/19/2009	
Principal Occupation Attorney	Name of Employer Carter & Civitello	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fiscus	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1507	Amount of Contribution
Residential Street Address 86 Cricket Ln	City Huntington	State CT	Zip Code 06484	Date Received 10/19/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Neil	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1509	Amount of Contribution
Residential Street Address 225 Bates Rock Rd	City Southbury	State CT	Zip Code 06488	Date Received 10/19/2009	
Principal Occupation Marketing Executive	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Caine	First Name Allison	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 # 1504	Amount of Contribution
Residential Street Address 59 Partridge Ct	City Watertown	State CT	Zip Code 06795	Date Received 10/19/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Caine	First Name Julia Anne	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 # 1505	Amount of Contribution
Residential Street Address 59 Partridge Ct	City Watertown	State CT	Zip Code 06795	Date Received 10/19/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Hussaini	First Name Asif	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1508	Amount of Contribution
Residential Street Address 138 Liberty St	City Clinton	State CT	Zip Code 06413	Date Received 10/19/2009	
Principal Occupation Multi Unit Subway Franchisee	Name of Employer Subway	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kardaras	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 # 1510	Amount of Contribution
Residential Street Address 58 Currier Way	City Cheshire	State CT	Zip Code 06410	Date Received 10/21/2009	
Principal Occupation Attorney	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mariani	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1511	Amount of Contribution
Residential Street Address 83 Broad St	City New London	State CT	Zip Code 06320	Date Received 10/21/2009	
Principal Occupation Attorney	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wheelin	First Name Leslie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1513	Amount of Contribution
Residential Street Address 202 Soundview Ave	City Stamford	State CT	Zip Code 06902	Date Received 10/21/2009	
Principal Occupation Attorney	Name of Employer Kaufman, Borgeest and Ryan	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Taylor	First Name Marc	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1512	Amount of Contribution
Residential Street Address 214 S Britain Rd	City Southbury	State CT	Zip Code 06488	Date Received 10/21/2009	
Principal Occupation Physician	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Savelle	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1514	Amount of Contribution
Residential Street Address 416 Highland Ave	City Cheshire	State CT	Zip Code 06410	Date Received 10/22/2009	
Principal Occupation Insurance	Name of Employer Farmington Benefits Consultants	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Savelle	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1515	Amount of Contribution
Residential Street Address 416 Highland Ave	City Cheshire	State CT	Zip Code 06410	Date Received 10/22/2009	
Principal Occupation Insurance and EC Benefits	Name of Employer Farmington Benefit Consultants	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Brennan	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1516	Amount of Contribution
Residential Street Address 8 Mallard View Dr	City West Hartford	State CT	Zip Code 06107	Date Received 10/23/2009	
Principal Occupation Attorney	Name of Employer Carter and Civitello	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Costas	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1517	Amount of Contribution
Residential Street Address 551 Pequot Ave	City New London	State CT	Zip Code 06320	Date Received 10/23/2009	
Principal Occupation Attorney	Name of Employer Pepe & Hazard LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Fazio	First Name Gilbert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1519	Amount of Contribution
Residential Street Address 20 Wiltshire Ln	City West Hartford	State CT	Zip Code 06117	Date Received 10/23/2009	
Principal Occupation Partner	Name of Employer JFIV Holding LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Horowitz	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1520	Amount of Contribution
Residential Street Address 30 Winchester Dr	City West Hartford	State CT	Zip Code 06117	Date Received 10/23/2009	
Principal Occupation CPA	Name of Employer Harvey and Horowitz PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Leepson	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1521	Amount of Contribution
Residential Street Address 364 Wyoming Ave	City Millburn	State NJ	Zip Code 07041	Date Received 10/23/2009	
Principal Occupation Attorney	Name of Employer Peter Leepson PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Reger	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1523	Amount of Contribution
Residential Street Address 415 Stevenson Rd	City New Haven	State CT	Zip Code 06515	Date Received 10/23/2009	
Principal Occupation Teacher	Name of Employer Shelton Board of Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Reger	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1524	Amount of Contribution
Residential Street Address 415 Stevenson Rd	City New Haven	State CT	Zip Code 06515	Date Received 10/23/2009	
Principal Occupation Attorney	Name of Employer Rolnick and Reger	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Rolnick	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1525	Amount of Contribution
Residential Street Address 58 Farm Brook Ct	City Hamden	State CT	Zip Code 06514	Date Received 10/23/2009	
Principal Occupation Attorney	Name of Employer Rolnick & Reger	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Manville	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1522	Amount of Contribution
Residential Street Address 43 W Purchase Rd	City Southbury	State CT	Zip Code 06488	Date Received 10/23/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Erickson	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 # 1518	Amount of Contribution
Residential Street Address 300 Gilbert Rd	City Southbury	State CT	Zip Code 06488	Date Received 10/23/2009	
Principal Occupation None	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Fainer	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1526	Amount of Contribution
Residential Street Address 156 Prospect St	City Ansonia	State CT	Zip Code 06401	Date Received 10/26/2009	
Principal Occupation Electrician	Name of Employer IBEW Local 90	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Duarte	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1527	Amount of Contribution
Residential Street Address 54 Cottage St	City Groton	State CT	Zip Code 06340	Date Received 10/27/2009	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Maurice	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1535	Amount of Contribution
Residential Street Address 17 S Main St	City Essex	State CT	Zip Code 06426	Date Received 10/29/2009	
Principal Occupation Construction	Name of Employer Construction Resources Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hammerslough	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 # 1530	Amount of Contribution
Residential Street Address 119 Kettle Creek Rd	City Weston	State CT	Zip Code 06883	Date Received 10/29/2009	
Principal Occupation Financial Consultant	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Zovas	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1538	Amount of Contribution
Residential Street Address 518 Buckland Dr	City Cheshire	State CT	Zip Code 06410	Date Received 10/29/2009	
Principal Occupation Engineer	Name of Employer Sikorsky Aircraft	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00
Last Name Jacabacci	First Name Bill	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 # 1531	Amount of Contribution
Residential Street Address 30 Oakland Ave	City Milford	State CT	Zip Code 06460	Date Received 10/29/2009	
Principal Occupation Construction Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00
Last Name Kurowski	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1533	Amount of Contribution
Residential Street Address 323 Third Ave	City West Haven	State CT	Zip Code 06516	Date Received 10/29/2009	
Principal Occupation Insurance	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Burcaw	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1528	Amount of Contribution
Residential Street Address 10 Cambridge Cir	City New Milford	State CT	Zip Code 06776	Date Received 10/29/2009	
Principal Occupation	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Gagliardi	First Name Deborah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1529	Amount of Contribution
Residential Street Address 30 Poplar Hill Dr	City Farmington	State CT	Zip Code 06032	Date Received 10/29/2009	
Principal Occupation Attorney	Name of Employer Pease and Doreo PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Joseph	First Name James	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 # 1532	Amount of Contribution
Residential Street Address 548 S Main St	City New Britain	State CT	Zip Code 06051	Date Received 10/29/2009	
Principal Occupation Project Manager	Name of Employer Construction Resources	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Kurowski	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1534	Amount of Contribution
Residential Street Address 334 Prospect Ave	City New Haven	State CT	Zip Code 06512	Date Received 10/29/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 McCain	First Name Diana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1536	Amount of Contribution
Residential Street Address 262 Skeet Club Rd	City Durham	State CT	Zip Code 06422	Date Received 10/29/2009	
Principal Occupation Librarian	Name of Employer CT Historical Society	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Parafati	First Name Katie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1537	Amount of Contribution
Residential Street Address 119 Dayl Dr	City Berlin	State CT	Zip Code 06037	Date Received 10/29/2009	
Principal Occupation Project Coordinator	Name of Employer Construction Resources	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jones	First Name Jim	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 # 1539	Amount of Contribution
Residential Street Address 42 Boston Rd	City Middletown	State CT	Zip Code 06457	Date Received 10/30/2009	
Principal Occupation Inspector	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Meadows	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1540	Amount of Contribution
Residential Street Address 85 Mattabeseck Rd	City Middlefield	State CT	Zip Code 06455	Date Received 10/30/2009	
Principal Occupation Office Manager	Name of Employer American Concrete Pumping Co Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Vitale	First Name Karen	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 # 1542	Amount of Contribution
Residential Street Address 882 Killingworth Rd	City Higganum	State CT	Zip Code 06442	Date Received 10/30/2009	
Principal Occupation Bail Bondsman	Name of Employer Freedom Bail Bonds	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Watson	First Name Albie	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 # 1543	Amount of Contribution
Residential Street Address 225 Mill St	City New Britain	State CT	Zip Code 06051	Date Received 10/30/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Watson	First Name Macy	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 # 1545	Amount of Contribution
Residential Street Address 228 Mile Ln	City Middletown	State CT	Zip Code 06457	Date Received 10/30/2009	
Principal Occupation Labor	Name of Employer Derita and Son	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Watson	First Name Robin	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 # 1546	Amount of Contribution
Residential Street Address 16 Woodlet Ln	City Middletown	State CT	Zip Code 06457	Date Received 10/30/2009	
Principal Occupation Mason	Name of Employer Kronenberger and Sons	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Woolf	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1547	Amount of Contribution
Residential Street Address 102 Conestoga Way	City Glastonbury	State CT	Zip Code 06033	Date Received 10/30/2009	
Principal Occupation Attorney	Name of Employer The Law Offices of Brian J. Woolf, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Watson	First Name Avery	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1544	Amount of Contribution
Residential Street Address 130 Knox Blvd	City Middletown	State CT	Zip Code 06457	Date Received 10/30/2009	
Principal Occupation Unemployed	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$100.00
Last Name parlato	First Name raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1541	Amount of Contribution
Residential Street Address 107 Broad St	City Danielson	State CT	Zip Code 06239	Date Received 10/30/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Hickey	First Name Claudette	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 # 1548	Amount of Contribution
Residential Street Address 29 Lewis Rd	City Marlborough	State CT	Zip Code 06447	Date Received 10/31/2009	
Principal Occupation Distinguished Engineer	Name of Employer IBM	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Isaacs	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1552	Amount of Contribution
Residential Street Address 2 Wallenberg Dr	City Stamford	State CT	Zip Code 06903	Date Received 11/02/2009	
Principal Occupation Learning Disabilities Cons	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Schwartz	First Name Joyce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1558	Amount of Contribution
Residential Street Address 247 W Hyerdale Dr	City Goshen	State CT	Zip Code 06756	Date Received 11/02/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Nanos	First Name Thamie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1555	Amount of Contribution
Residential Street Address 12 Houston Ter	City Stamford	State CT	Zip Code 06902	Date Received 11/02/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Marotti	First Name Gerald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1553	Amount of Contribution
Residential Street Address 167 Dorset Ln	City Madison	State CT	Zip Code 06443	Date Received 11/02/2009	
Principal Occupation President	Name of Employer Bricklayers and Allied Crafts 1	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Convertito	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1549	Amount of Contribution
Residential Street Address 22 S Edgewood Ave	City Trumbull	State CT	Zip Code 06611	Date Received 11/02/2009	
Principal Occupation Union Rep	Name of Employer BAC Local # 1	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Palmeri	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1557	Amount of Contribution
Residential Street Address 1640 Waterbury Rd	City Cheshire	State CT	Zip Code 06410	Date Received 11/02/2009	
Principal Occupation Union Rep	Name of Employer IUBAC Local #1	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 DeRose	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 # 1550	Amount of Contribution
Residential Street Address 46 Great Circle Rd	City West Haven	State CT	Zip Code 06516	Date Received 11/02/2009	
Principal Occupation	Name of Employer BAC Local #1	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Dexter	First Name Todd	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1551	Amount of Contribution
Residential Street Address 598 Saw Mill Hill Rd	City Sterling	State CT	Zip Code 06377	Date Received 11/02/2009	
Principal Occupation Business Agent	Name of Employer BAC Local #1	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Moavero	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1554	Amount of Contribution
Residential Street Address 125 Mulberry St	City Stamford	State CT	Zip Code 06907	Date Received 11/02/2009	
Principal Occupation Business Agent	Name of Employer IU BAC Local 1	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Paladino	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1556	Amount of Contribution
Residential Street Address 129 Phipps Dr	City West Haven	State CT	Zip Code 06516	Date Received 11/02/2009	
Principal Occupation Secretary	Name of Employer BAC Local #1	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Turecek	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1559	Amount of Contribution
Residential Street Address 380 Stagecoach Rd	City Durham	State CT	Zip Code 06422	Date Received 11/02/2009	
Principal Occupation Secretary	Name of Employer Bricklayers 1 CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Avitable	First Name Jay	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 # 1560	Amount of Contribution
Residential Street Address 137 Northford Rd	City Branford	State CT	Zip Code 06405	Date Received 11/03/2009	
Principal Occupation Chief Information Officer	Name of Employer Wright Investors Service	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hickey	First Name Claudette	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 # 1561	Amount of Contribution
Residential Street Address 29 Lewis Rd	City Marlborough	State CT	Zip Code 06447	Date Received 11/03/2009	
Principal Occupation Distinguished Engineer	Name of Employer IBM	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$250.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name DeSantis	First Name Victor	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 # 1562	Amount of Contribution
Residential Street Address 9605 Eagle Ridge Dr	City Bethesda	State MD	Zip Code 20817	Date Received 11/11/2009	
Principal Occupation Attorney	Name of Employer White & Case	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Traversa	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1563	Amount of Contribution
Residential Street Address 114 Harmony Hill Rd	City Harwinton	State CT	Zip Code 06791	Date Received 11/11/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Christianson	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1566	Amount of Contribution
Residential Street Address 228 Fairfield Beach Rd	City Fairfield	State CT	Zip Code 06824	Date Received 11/12/2009	
Principal Occupation Education	Name of Employer Sacred Heart University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Cierniewski	First Name Anna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1567	Amount of Contribution
Residential Street Address 89 Cianci Rd	City New Britain	State CT	Zip Code 06053	Date Received 11/12/2009	
Principal Occupation Office Manager	Name of Employer Grace Machine Co	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Eder	First Name Wesley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1571	Amount of Contribution
Residential Street Address 161 Dessa Dr	City Hamden	State CT	Zip Code 06517	Date Received 11/12/2009	
Principal Occupation Beverage Alcohol Distributor	Name of Employer Eder Bros, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Emanuel	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1572	Amount of Contribution
Residential Street Address 5 Admirals Ct	City Norwalk	State CT	Zip Code 06851	Date Received 11/12/2009	
Principal Occupation Sales Manager	Name of Employer Eder Bros, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ENGBLOM	First Name LOIS	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1573	Amount of Contribution
Residential Street Address 353 Glen St	City New Britain	State CT	Zip Code 06051	Date Received 11/12/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Ganias	First Name Steve	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1574	Amount of Contribution
Residential Street Address 3 Sharon Dr	City Wallingford	State CT	Zip Code 06492	Date Received 11/12/2009	
Principal Occupation Accountant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Hillman	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1576	Amount of Contribution
Residential Street Address 130 Godfrey Rd E	City Weston	State CT	Zip Code 06883	Date Received 11/12/2009	
Principal Occupation President	Name of Employer Connecticut Distributors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hunt	First Name Dorothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1577	Amount of Contribution
Residential Street Address 205 Wintonbury Ave	City Bloomfield	State CT	Zip Code 06002	Date Received 11/12/2009	
Principal Occupation Weaver	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jackson	First Name Louise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1578	Amount of Contribution
Residential Street Address 5977 Lake Melrose Dr	City Orlando	State FL	Zip Code 32829	Date Received 11/12/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lempicki	First Name Agnieszka	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1580	Amount of Contribution
Residential Street Address 31 Linda Dr	City Plainville	State CT	Zip Code 06062	Date Received 11/12/2009	
Principal Occupation CNA	Name of Employer Ingraham Manor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Lichtman	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 # 1581	Amount of Contribution
Residential Street Address 14 Grove Hill Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 11/12/2009	
Principal Occupation Travel Agent	Name of Employer ATP International USA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name MILLER	First Name NANCY	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1582	Amount of Contribution
Residential Street Address 471 S Elm St	City Wallingford	State CT	Zip Code 06492	Date Received 11/12/2009	
Principal Occupation Accountant	Name of Employer S & Z Food, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Perzan	First Name Marlena	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1583	Amount of Contribution
Residential Street Address 128 George St	City Bristol	State CT	Zip Code 06010	Date Received 11/12/2009	
Principal Occupation Babysitter	Name of Employer Golds Gym	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Perzan	First Name Pawel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1585	Amount of Contribution
Residential Street Address 128 George St	City Bristol	State CT	Zip Code 06010	Date Received 11/12/2009	
Principal Occupation Manager	Name of Employer Grace Machine Co	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Perzan	First Name Maureen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1584	Amount of Contribution
Residential Street Address 44 Lower Ln	City Berlin	State CT	Zip Code 06037	Date Received 11/12/2009	
Principal Occupation Research	Name of Employer Comcast	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Costas	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1568	Amount of Contribution
Residential Street Address 551 Pequot Ave	City New London	State CT	Zip Code 06320	Date Received 11/12/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Yellin	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1594	Amount of Contribution
Residential Street Address 15 Pilgrim Path	City Farmington	State CT	Zip Code 06032	Date Received 11/12/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Swiderski	First Name Krystyna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1589	Amount of Contribution
Residential Street Address 60 Alden St	City New Britain	State CT	Zip Code 06053	Date Received 11/12/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Szyinanowski	First Name Pawel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1591	Amount of Contribution
Residential Street Address 130 Peck Ln	City Bristol	State CT	Zip Code 06010	Date Received 11/12/2009	
Principal Occupation Manager	Name of Employer Szyman Machine & Tool	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Weisman	First Name Lawrence	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1592	Amount of Contribution
Residential Street Address 11 Greenwood Ln	City Westport	State CT	Zip Code 06880	Date Received 11/12/2009	
Principal Occupation Attorney	Name of Employer Weisman & Lubell	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Weiss	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1593	Amount of Contribution
Residential Street Address 25 W Slope Ln	City Hamden	State CT	Zip Code 06517	Date Received 11/12/2009	
Principal Occupation Executive	Name of Employer Eder Bros, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Streeto	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1588	Amount of Contribution
Residential Street Address 529 Westfield St	City Middletown	State CT	Zip Code 06457	Date Received 11/12/2009	
Principal Occupation Attorney	Name of Employer Public Defender's Office	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rubin	First Name Matt	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1586	Amount of Contribution
Residential Street Address 175 Ferry Rd	City Old Saybrook	State CT	Zip Code 06475	Date Received 11/12/2009	
Principal Occupation Real Estate	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Smith	First Name Cutter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1587	Amount of Contribution
Residential Street Address 81 Davis Dr	City Guilford	State CT	Zip Code 06437	Date Received 11/12/2009	
Principal Occupation General Mgt	Name of Employer Eder Bros, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Goldman	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1575	Amount of Contribution
Residential Street Address 80 Sawmill Rd	City Branford	State CT	Zip Code 06405	Date Received 11/12/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Bison	First Name Debbie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1564	Amount of Contribution
Residential Street Address 80 Sawmill Rd	City Branford	State CT	Zip Code 06405	Date Received 11/12/2009	
Principal Occupation Producer	Name of Employer Bisno Productions	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Eder	First Name Eileen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1570	Amount of Contribution
Residential Street Address 167 Uncas Pt	City Guilford	State CT	Zip Code 06437	Date Received 11/12/2009	
Principal Occupation Artist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Brusznicki	First Name Josepha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1565	Amount of Contribution
Residential Street Address 65 West Rd	City Beacon Falls	State CT	Zip Code 06403	Date Received 11/12/2009	
Principal Occupation Auditor	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Swieszkowski	First Name Bronislawa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1590	Amount of Contribution
Residential Street Address 209 Kenwood Dr	City New Britain	State CT	Zip Code 06052	Date Received 11/12/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$100.00
Last Name Dumark	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1569	Amount of Contribution
Residential Street Address 19 Summer Island Pt	City Branford	State CT	Zip Code 06405	Date Received 11/12/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kapusta	First Name Florence	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1579	Amount of Contribution
Residential Street Address 10 Flax Mill Ln	City Milford	State CT	Zip Code 06461	Date Received 11/12/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Ross	First Name Burke	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1604	Amount of Contribution
Residential Street Address 47 Christine Dr	City Shelton	State CT	Zip Code 06484	Date Received 11/13/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Popp	First Name Dennis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1603	Amount of Contribution
Residential Street Address 41 Cottage St	City Groton	State CT	Zip Code 06340	Date Received 11/13/2009	
Principal Occupation Mayor	Name of Employer City of Groton	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Caissy	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1595	Amount of Contribution
Residential Street Address 1903 Burr St	City Fairfield	State CT	Zip Code 06824	Date Received 11/13/2009	
Principal Occupation Teacher's Assistant	Name of Employer Town of Fairfield	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Nielsen	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1599	Amount of Contribution
Residential Street Address 180 Russell St	City Middletown	State CT	Zip Code 06457	Date Received 11/13/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Muirhead	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 # 1596	Amount of Contribution
Residential Street Address 215 Knollwoods Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 11/13/2009	
Principal Occupation Manager	Name of Employer New King Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nielsen	First Name David	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1597	Amount of Contribution
Residential Street Address US Coast Guard Academy 8839 Chase Hall	City New London	State CT	Zip Code 06320	Date Received 11/13/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Nielsen	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1598	Amount of Contribution
Residential Street Address 180 Russell Stret	City Middletown	State CT	Zip Code 06457	Date Received 11/13/2009	
Principal Occupation Reservations	Name of Employer American Airlines	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Perry	First Name Sydney	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1600	Amount of Contribution
Residential Street Address 161 McKinley Ave	City New Haven	State CT	Zip Code 06515	Date Received 11/13/2009	
Principal Occupation Community Organizer	Name of Employer Jewish Federation of Greater NH	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Perzan	First Name Grace	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1602	Amount of Contribution
Residential Street Address 7 Chippins Hill Dr	City Berlin	State CT	Zip Code 06037	Date Received 11/13/2009	
Principal Occupation Member	Name of Employer Grace Machine Co LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Santo	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1605	Amount of Contribution
Residential Street Address 22 Fullin Ct	City Norwalk	State CT	Zip Code 06851	Date Received 11/13/2009	
Principal Occupation President	Name of Employer Fairfield Building and Construction Trades Council	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Perzan	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1601	Amount of Contribution
Residential Street Address 44 Lower Ln	City Berlin	State CT	Zip Code 06037	Date Received 11/13/2009	
Principal Occupation IT	Name of Employer Grace Machine	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Portal-Correia	First Name Maria	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1623	Amount of Contribution
Residential Street Address 97 Cliffwood Dr	City South Windsor	State CT	Zip Code 06074	Date Received 11/16/2009	
Principal Occupation Assistant VP Information Technology	Name of Employer Mass Mutual Financial Ins	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Correia	First Name Arthur	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1610	Amount of Contribution
Residential Street Address 97 Cliffwood Dr	City South Windsor	State CT	Zip Code 06074	Date Received 11/16/2009	
Principal Occupation Sales Representative	Name of Employer Harley and Parker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Davison	First Name Emily	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1611	Amount of Contribution
Residential Street Address 104 Brookridge Ln	City Guilford	State CT	Zip Code 06437	Date Received 11/16/2009	
Principal Occupation Foundation COO	Name of Employer American Saving Foundation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Ditman	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1612	Amount of Contribution
Residential Street Address 161 Olive St	City New Haven	State CT	Zip Code 06511	Date Received 11/16/2009	
Principal Occupation Marketing Director	Name of Employer UHY Advisors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Dolinsky	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1613	Amount of Contribution
Residential Street Address 73 Scoville Rd	City West Cornwall	State CT	Zip Code 06795	Date Received 11/16/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Grout	First Name Tracy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1617	Amount of Contribution
Residential Street Address 116 Butler Town Rd	City Waterford	State CT	Zip Code 06385	Date Received 11/16/2009	
Principal Occupation	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Liberator	First Name Bill	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1620	Amount of Contribution
Residential Street Address 22 Maplewood Rd	City Storrs	State CT	Zip Code 06268	Date Received 11/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name McGrath	First Name Brett	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1621	Amount of Contribution
Residential Street Address 500 Wells Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 11/16/2009	
Principal Occupation CPA	Name of Employer UHY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Mercado	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1622	Amount of Contribution
Residential Street Address 103 Walter Ln	City Hamden	State CT	Zip Code 06514	Date Received 11/16/2009	
Principal Occupation Accountant	Name of Employer UHY Advisors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Pucci	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1625	Amount of Contribution
Residential Street Address 41 Moss St # 1	City Pawcatuck	State CT	Zip Code 06379	Date Received 11/16/2009	
Principal Occupation Contract Painter	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Sabovic	First Name Zijad	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1628	Amount of Contribution
Residential Street Address 3000 Park Ave	City Bridgeport	State CT	Zip Code 06604	Date Received 11/16/2009	
Principal Occupation	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Woolen	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1633	Amount of Contribution
Residential Street Address 12 Grey Rock Rd	City Trumbull	State CT	Zip Code 06611	Date Received 11/16/2009	
Principal Occupation	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Ziskoski	First Name Janet	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1634	Amount of Contribution
Residential Street Address 114 Lakewood Cir N	City Manchester	State CT	Zip Code 06040	Date Received 11/16/2009	
Principal Occupation Underwriter	Name of Employer Synetoz Life Pro Co	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Altieri	First Name Henry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1606	Amount of Contribution
Residential Street Address 886 Mill Plain Rd	City Fairfield	State CT	Zip Code 06824	Date Received 11/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Bysiewicz	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 # 1608	Amount of Contribution
Residential Street Address 2 Buena Vista Rd	City Branford	State CT	Zip Code 06405	Date Received 11/16/2009	
Principal Occupation Event Coordinator	Name of Employer JB Sports	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Federman	First Name Jean	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1614	Amount of Contribution
Residential Street Address 5 Wyeth Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 11/16/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name GRANT	First Name SUSAN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1616	Amount of Contribution
Residential Street Address 100 Lucien Dr	City Hamden	State CT	Zip Code 06518	Date Received 11/16/2009	
Principal Occupation Office Manager	Name of Employer Whole Health	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Grant	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1615	Amount of Contribution
Residential Street Address 100 Lucien Dr	City Hamden	State CT	Zip Code 06518	Date Received 11/16/2009	
Principal Occupation Sales	Name of Employer ATI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Barnard	First Name Michele	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1607	Amount of Contribution
Residential Street Address 104 Van Buren Ave	City West Hartford	State CT	Zip Code 06107	Date Received 11/16/2009	
Principal Occupation Nurse	Name of Employer Hartford Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Lally	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1619	Amount of Contribution
Residential Street Address 38 Brian Ln	City Avon	State CT	Zip Code 06001	Date Received 11/16/2009	
Principal Occupation Teacher	Name of Employer Bloomfield BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Heimler	First Name Audrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1618	Amount of Contribution
Residential Street Address 198 Benton Rd	City Morris	State CT	Zip Code 06763	Date Received 11/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Remis	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1626	Amount of Contribution
Residential Street Address 3 Case Cir	City West Simsbury	State CT	Zip Code 06092	Date Received 11/16/2009	
Principal Occupation Travel Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Szewczyk	First Name Phrances	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1631	Amount of Contribution
Residential Street Address 519 Coleman Rd	City Middletown	State CT	Zip Code 06457	Date Received 11/16/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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	\$25.00
<hr/>					
Last Name Szewczyk	First Name Philip	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1630	Amount of Contribution
Residential Street Address 519 Coleman Rd	City Middletown	State CT	Zip Code 06457	Date Received 11/16/2009	
Principal Occupation Electrician	Name of Employer Middlesex Electric, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Toross	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1632	Amount of Contribution
Residential Street Address 11 Rebecca Ln	City Simsbury	State CT	Zip Code 06070	Date Received 11/16/2009	
Principal Occupation Product Manager	Name of Employer Cigna	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Salperto	First Name Rocco	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1629	Amount of Contribution
Residential Street Address 323 Orange Center Rd	City Orange	State CT	Zip Code 06477	Date Received 11/16/2009	
Principal Occupation Publisher	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Ceneviva	First Name Arthur	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1609	Amount of Contribution
Residential Street Address 118 Catherine Dr	City Meriden	State CT	Zip Code 06450	Date Received 11/16/2009	
Principal Occupation Court Security Officer	Name of Employer AKAL Security	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pucci	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1624	Amount of Contribution
Residential Street Address 35 Hinckley St	City Mystic	State CT	Zip Code 06355	Date Received 11/16/2009	
Principal Occupation Judicial Marshal	Name of Employer Judicial Dept State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name RIORDAN	First Name SUSAN	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1627	Amount of Contribution
Residential Street Address 675 Ridge Rd	City Orange	State CT	Zip Code 06477	Date Received 11/16/2009	
Principal Occupation Firm Administrator	Name of Employer Greenhaus, Riordan & Co LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hannon	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1635	Amount of Contribution
Residential Street Address 2 Orchard Brook Dr	City Wethersfield	State CT	Zip Code 06109	Date Received 11/17/2009	
Principal Occupation IT Specialist	Name of Employer Travelers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 SCULLION	First Name LYNNE	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 # 1639	Amount of Contribution
Residential Street Address 484 Maple Shade Rd	City Middletown	State CT	Zip Code 06457	Date Received 11/18/2009	
Principal Occupation Teacher	Name of Employer Rocky Hill Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Walsh	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1640	Amount of Contribution
Residential Street Address 349 Main St	City Old Saybrook	State CT	Zip Code 06475	Date Received 11/18/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Barakos	First Name Eve	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 # 1636	Amount of Contribution
Residential Street Address 219 Old Salt Works Rd	City Westbrook	State CT	Zip Code 06498	Date Received 11/18/2009	
Principal Occupation Teacher	Name of Employer Westbrook Board of Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
<hr/>					
Last Name Dionne	First Name Roger	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1637	Amount of Contribution
Residential Street Address 208 11th Section Rd	City Hampton	State CT	Zip Code 06247	Date Received 11/18/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$25.00
<hr/>					
Last Name Janensch	First Name Gail	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 # 1638	Amount of Contribution
Residential Street Address 32 Pine Point Rd	City Norwalk	State CT	Zip Code 06853	Date Received 11/18/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$25.00
<hr/>					
Last Name SCHNEIDER	First Name Harvey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1642	Amount of Contribution
Residential Street Address 47 Stoneham Dr	City West Hartford	State CT	Zip Code 06117	Date Received 11/19/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rentz	First Name Regina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1641	Amount of Contribution
Residential Street Address 7A Farmington Chase	City Farmington	State CT	Zip Code 06063	Date Received 11/19/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Boardsden	First Name Harry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1643	Amount of Contribution
Residential Street Address PO Box 62	City Mystic	State CT	Zip Code 06355	Date Received 11/20/2009	
Principal Occupation Director of Business Development	Name of Employer Livery Limited	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name BOYD	First Name LEAH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1644	Amount of Contribution
Residential Street Address 11 Three Elms Rd	City Branford	State CT	Zip Code 06405	Date Received 11/20/2009	
Principal Occupation Real Estate Sales	Name of Employer H. Pearce RE Co, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Capone	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1647	Amount of Contribution
Residential Street Address 164 Foxon Rd	City East Haven	State CT	Zip Code 06513	Date Received 11/20/2009	
Principal Occupation Semi-Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Chesler	First Name Lawrence	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1648	Amount of Contribution
Residential Street Address 336 Pequot Ave	City New London	State CT	Zip Code 06320	Date Received 11/20/2009	
Principal Occupation Executive	Name of Employer Spicer Plus Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Weinstein	First Name Burton	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1671	Amount of Contribution
Residential Street Address 1 Front St	City New Haven	State CT	Zip Code 06513	Date Received 11/20/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Grasso	First Name Susane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1651	Amount of Contribution
Residential Street Address 1 Front St	City New Haven	State CT	Zip Code 06513	Date Received 11/20/2009	
Principal Occupation Director, CAM	Name of Employer CT Hospice Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Holstein	First Name Abbott	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1653	Amount of Contribution
Residential Street Address 4 Washington St	City Mystic	State CT	Zip Code 06355	Date Received 11/20/2009	
Principal Occupation	Name of Employer Noank Shipyard	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Holstein	First Name Jonathan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1654	Amount of Contribution
Residential Street Address 152 Cove Rd	City Stonington	State CT	Zip Code 06378	Date Received 11/20/2009	
Principal Occupation GM	Name of Employer Spicer Propane	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hopper	First Name Arlene	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1655	Amount of Contribution
Residential Street Address 216 N Shore Rd	City Dayville	State CT	Zip Code 06241	Date Received 11/20/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Iovanne	First Name E.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1657	Amount of Contribution
Residential Street Address 11 Wooster Pl	City New Haven	State CT	Zip Code 06511	Date Received 11/20/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lessler	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1658	Amount of Contribution
Residential Street Address 55 Gate Ridge Rd	City Easton	State CT	Zip Code 06612	Date Received 11/20/2009	
Principal Occupation Court Administrator	Name of Employer CT Judicial Branch	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Lupinski	First Name Lucille	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1659	Amount of Contribution
Residential Street Address 821 State St	City New Haven	State CT	Zip Code 06511	Date Received 11/20/2009	
Principal Occupation Funeral Director	Name of Employer Lupinski Funeral Home	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 McQueen	First Name Lorraine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1661	Amount of Contribution
Residential Street Address 183 Munson Rd	City Wolcott	State CT	Zip Code 06716	Date Received 11/20/2009	
Principal Occupation Tax Collector	Name of Employer Town of Wolcott	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Soares	First Name Nicholas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1668	Amount of Contribution
Residential Street Address 55 Rocky Ridge Rd	City Easton	State CT	Zip Code 06612	Date Received 11/20/2009	
Principal Occupation Registrar of Voters	Name of Employer Town of Easton	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Viens	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1670	Amount of Contribution
Residential Street Address PO Box 271	City Putnam	State CT	Zip Code 06260	Date Received 11/20/2009	
Principal Occupation Pharmacist	Name of Employer Day Kimbull Hosp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Sill	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1667	Amount of Contribution
Residential Street Address 73 Grove Ave	City Derby	State CT	Zip Code 06418	Date Received 11/20/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Braverman	First Name Sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1645	Amount of Contribution
Residential Street Address 39 Churchill Way	City Newington	State CT	Zip Code 06111	Date Received 11/20/2009	
Principal Occupation Assistant Dean	Name of Employer Central Connecticut State University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Poloski	First Name Lynn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1664	Amount of Contribution
Residential Street Address 38 Risley Rd	City Vernon	State CT	Zip Code 06066	Date Received 11/20/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Poloski	First Name Tim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1665	Amount of Contribution
Residential Street Address 38 Risley Rd	City Vernon	State CT	Zip Code 06066	Date Received 11/20/2009	
Principal Occupation State Marshal	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Menard</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>1662</b>	Amount of Contribution
Residential Street Address <b>73 Miller Rd</b>	City <b>Broad Brook</b>	State <b>CT</b>	Zip Code <b>06016</b>	Date Received <b>11/20/2009</b>	
Principal Occupation <b>Engineer</b>	Name of Employer <b>Hamilton Sundstrand</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Menard</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>1663</b>	Amount of Contribution
Residential Street Address <b>73 Miller Rd</b>	City <b>Broad Brook</b>	State <b>CT</b>	Zip Code <b>06016</b>	Date Received <b>11/20/2009</b>	
Principal Occupation <b>First Selectman</b>	Name of Employer <b>Town of East Windsor</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Burgio</b>	First Name <b>Frank</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1646</b>	Amount of Contribution
Residential Street Address <b>154 Newport Dr</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06705</b>	Date Received <b>11/20/2009</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>Coclin</b>	First Name <b>James</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1649</b>	Amount of Contribution
Residential Street Address <b>550 Warner Hill Rd</b>	City <b>Stratford</b>	State <b>CT</b>	Zip Code <b>06614</b>	Date Received <b>11/20/2009</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$325.00</b>	<b>\$325.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Herens	First Name Dave	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1652	Amount of Contribution
Residential Street Address 74 Evelyn Rd	City Bristol	State CT	Zip Code 06010	Date Received 11/20/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Czerniawski	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1650	Amount of Contribution
Residential Street Address 16 Clydesdale Ct	City Monroe	State CT	Zip Code 06468	Date Received 11/20/2009	
Principal Occupation Administrative/Sales	Name of Employer Atlantic Metals and Alloys LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Martin	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1660	Amount of Contribution
Residential Street Address 10 Lantern Dr	City Seymour	State CT	Zip Code 06483	Date Received 11/20/2009	
Principal Occupation Nursing	Name of Employer Comffin Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Iovanne	First Name Angeline	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1656	Amount of Contribution
Residential Street Address 61 Pasture Ln	City Branford	State CT	Zip Code 06405	Date Received 11/20/2009	
Principal Occupation Funeral Director	Name of Employer Iovanne Funeral Home	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rovero	First Name Judith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1666	Amount of Contribution
Residential Street Address 181 Laurel Point Rd	City Dayville	State CT	Zip Code 06241	Date Received 11/20/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Sparaco	First Name Magdalen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1669	Amount of Contribution
Residential Street Address 215 Eddon Dr	City East Haven	State CT	Zip Code 06512	Date Received 11/20/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$475.00	\$100.00
Last Name Moore	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1672	Amount of Contribution
Residential Street Address 18 Bob White Way	City Weatogue	State CT	Zip Code 06089	Date Received 11/21/2009	
Principal Occupation Attorney	Name of Employer Smith & Moore, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Shufrin	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1673	Amount of Contribution
Residential Street Address 62 Angelus Dr	City Greenwich	State CT	Zip Code 06831	Date Received 11/23/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Harewood	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1686	Amount of Contribution
Residential Street Address 39 Lydia St	City West Haven	State CT	Zip Code 06516	Date Received 11/24/2009	
Principal Occupation Adjunct Professor	Name of Employer Quinnipiac University/University of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$100.00
Last Name Cohn	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1682	Amount of Contribution
Residential Street Address 77 Main St	City East Haddam	State CT	Zip Code 06423	Date Received 11/24/2009	
Principal Occupation Attorney	Name of Employer Cohn & Cohn, PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$225.00	\$100.00
Last Name DesRoches	First Name Katrina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1684	Amount of Contribution
Residential Street Address 36 Coleman Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 11/24/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 DesRoches	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1685	Amount of Contribution
Residential Street Address 36 Coleman Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 11/24/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Nemetz</b>	First Name <b>Willa</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1695</b>	Amount of Contribution
Residential Street Address <b>367 Park Ave</b>	City <b>Windsor</b>	State <b>CT</b>	Zip Code <b>06095</b>	Date Received <b>11/24/2009</b>	
Principal Occupation <b>Consultant</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 type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>Needelman</b>	First Name <b>Elene</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1694</b>	Amount of Contribution
Residential Street Address <b>4 Chateau Margaux</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>11/24/2009</b>	
Principal Occupation <b>Realtor</b>	Name of Employer <b>Coldwall Banker</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Johnson</b>	First Name <b>Dwight</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1690</b>	Amount of Contribution
Residential Street Address <b>3A Linden Pl</b>	City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Date Received <b>11/24/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Murtha Cullina LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Baram</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>1678</b>	Amount of Contribution
Residential Street Address <b>5 Warbler Cir</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>	Date Received <b>11/24/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Clayman, Tapper and Baram</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Chiaromonte	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1681	Amount of Contribution
Residential Street Address 131 Burlington Rd	City Harwinton	State CT	Zip Code 06791	Date Received 11/24/2009	
Principal Occupation Selectman	Name of Employer Town of Harwinton	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Amorossi	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1674	Amount of Contribution
Residential Street Address 45 Merwin Brook Rd	City Brookfield	State CT	Zip Code 06804	Date Received 11/24/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Avigdor	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1675	Amount of Contribution
Residential Street Address 165 W Rock Ave	City New Haven	State CT	Zip Code 06511	Date Received 11/24/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Avitabile	First Name Louis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1676	Amount of Contribution
Residential Street Address 80 Woodside Ave	City Waterbury	State CT	Zip Code 06708	Date Received 11/24/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bagdigian</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>1677</b>	Amount of Contribution
Residential Street Address <b>481 Middle Rd</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>11/24/2009</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>Bland</b>	First Name <b>Eileen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1679</b>	Amount of Contribution
Residential Street Address <b>23 Copper Mine Rd</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>11/24/2009</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>
Last Name <b>Bodkin</b>	First Name <b>Laurence</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1680</b>	Amount of Contribution
Residential Street Address <b>9 Homer Ave</b>	City <b>Larchmont</b>	State <b>NY</b>	Zip Code <b>10538</b>	Date Received <b>11/24/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>Crone</b>	First Name <b>Leonard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1683</b>	Amount of Contribution
Residential Street Address <b>13 Blue Trail Dr</b>	City <b>Prospect</b>	State <b>CT</b>	Zip Code <b>06712</b>	Date Received <b>11/24/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Harrington	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1687	Amount of Contribution
Residential Street Address 97 Steele Rd	City West Hartford	State CT	Zip Code 06119	Date Received 11/24/2009	
Principal Occupation Attorney	Name of Employer Murtha Cullina LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jainchill	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1688	Amount of Contribution
Residential Street Address 50 Brian Ln	City Avon	State CT	Zip Code 06001	Date Received 11/24/2009	
Principal Occupation Attorney	Name of Employer Riscassi & Davis	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jette	First Name Jonathan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1689	Amount of Contribution
Residential Street Address 52 St Moritz Cir	City Willington	State CT	Zip Code 06279	Date Received 11/24/2009	
Principal Occupation Teacher	Name of Employer E Windsor BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kotulski	First Name Raymond	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 # 1691	Amount of Contribution
Residential Street Address 99 Robbins Dr	City Wethersfield	State CT	Zip Code 06109	Date Received 11/24/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Mitchell Hoffer	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1692	Amount of Contribution
Residential Street Address 45 Grassy Hill Rd	City Waterbury	State CT	Zip Code 06705	Date Received 11/24/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Nassan	First Name Arthur	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1693	Amount of Contribution
Residential Street Address 5 Grey Fox Dr	City Avon	State CT	Zip Code 06001	Date Received 11/24/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Olearczyk	First Name Darek	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1696	Amount of Contribution
Residential Street Address 203 Brainard Rd	City Enfield	State CT	Zip Code 06082	Date Received 11/24/2009	
Principal Occupation Chiropractor	Name of Employer Chiropractic Health Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 OLEARCZYK	First Name GINA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1697	Amount of Contribution
Residential Street Address 203 Brainard Rd	City Enfield	State CT	Zip Code 06082	Date Received 11/24/2009	
Principal Occupation Special Education Coordinator	Name of Employer Coventry Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name OTOOLE	First Name DONALD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1698	Amount of Contribution
Residential Street Address 40 Ferro Rd	City Wolcott	State CT	Zip Code 06705	Date Received 11/24/2009	
Principal Occupation Telecomm Engineer	Name of Employer Wachovia	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Tracey	First Name Marjory	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1699	Amount of Contribution
Residential Street Address 12 Crestwood Ln	City Easton	State CT	Zip Code 06612	Date Received 11/24/2009	
Principal Occupation Real Estate Agent	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Luxenberg	First Name Geoff	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1700	Amount of Contribution
Residential Street Address 28 Deer Run Trl	City Manchester	State CT	Zip Code 06042	Date Received 11/25/2009	
Principal Occupation Director of Campaign Operations	Name of Employer Larson for Congress	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Manganello	First Name Martin	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 # 1701	Amount of Contribution
Residential Street Address 30 Pine St	City East Hartford	State CT	Zip Code 06108	Date Received 11/25/2009	
Principal Occupation Purchasing Officer / Fiscal Services	Name of Employer State of CT DOT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kurlantzick	First Name Roberta	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1710	Amount of Contribution
Residential Street Address 34 Stratford Rd	City West Hartford	State CT	Zip Code 06117	Date Received 11/30/2009	
Principal Occupation Educational Consultant	Name of Employer CT Center for School Change	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Serber	First Name Sari	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1726	Amount of Contribution
Residential Street Address 62 Angelus Dr	City Greenwich	State CT	Zip Code 06831	Date Received 11/30/2009	
Principal Occupation Court Reporter	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Shufrin	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1728	Amount of Contribution
Residential Street Address 62 Angelus Dr	City Greenwich	State CT	Zip Code 06831	Date Received 11/30/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Moore	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1716	Amount of Contribution
Residential Street Address 18 Bob White Way	City Weatogue	State CT	Zip Code 06089	Date Received 11/30/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Sharp	First Name Gregory	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1727	Amount of Contribution
Residential Street Address 225 Reeds Gap Rd E	City Northford	State CT	Zip Code 06472	Date Received 11/30/2009	
Principal Occupation Attorney	Name of Employer Murtha, Cullina LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00
Last Name Svonkin	First Name Sheila	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1730	Amount of Contribution
Residential Street Address 110 Highview Dr	City Winsted	State CT	Zip Code 06098	Date Received 11/30/2009	
Principal Occupation Clinical Support Coordinator	Name of Employer LARC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name McCary	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1715	Amount of Contribution
Residential Street Address 441 S Main St	City Manchester	State CT	Zip Code 06040	Date Received 11/30/2009	
Principal Occupation Attorney	Name of Employer Murtha Cullina	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00
Last Name Thompson	First Name Shirley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1731	Amount of Contribution
Residential Street Address 265 Tunxis Ave	City Bloomfield	State CT	Zip Code 06002	Date Received 11/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Grondin	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1704	Amount of Contribution
Residential Street Address 20 Walbridge Rd	City West Hartford	State CT	Zip Code 06119	Date Received 11/30/2009	
Principal Occupation Executive	Name of Employer VirginiaInd	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Tillman-Brown	First Name Vanessa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1733	Amount of Contribution
Residential Street Address 925 River Rd	City Mystic	State CT	Zip Code 06355	Date Received 11/30/2009	
Principal Occupation Investments	Name of Employer Tibro Investment Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Kantorski	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1707	Amount of Contribution
Residential Street Address 38 William St W	City Greenwich	State CT	Zip Code 06830	Date Received 11/30/2009	
Principal Occupation Graphic Designer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Park	First Name Joni	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1720	Amount of Contribution
Residential Street Address 71 Indian Trl	City Brookfield	State CT	Zip Code 06804	Date Received 11/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Wawruck	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1737	Amount of Contribution
Residential Street Address 18 Burnap Rd	City Windsor Locks	State CT	Zip Code 06096	Date Received 11/30/2009	
Principal Occupation First Selectman	Name of Employer Town of Windsor Locks	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sedlack	First Name Sheila	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1725	Amount of Contribution
Residential Street Address 103 Indian Meadow Dr	City Winsted	State CT	Zip Code 06098	Date Received 11/30/2009	
Principal Occupation Town Clerk	Name of Employer Town of Winchester	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Trebisacci	First Name Casey	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 # 1734	Amount of Contribution
Residential Street Address 388 River Rd	City Pawcatuck	State CT	Zip Code 06379	Date Received 11/30/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Trebisacci	First Name Patrick	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 # 1735	Amount of Contribution
Residential Street Address 388 River Rd	City Pawcatuck	State CT	Zip Code 06379	Date Received 11/30/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Lichtenbaum	First Name Harry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1713	Amount of Contribution
Residential Street Address 16 Town House Ln	City Wethersfield	State CT	Zip Code 06109	Date Received 11/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Richards	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1722	Amount of Contribution
Residential Street Address 73 Old Marlborough Tpke	City Portland	State CT	Zip Code 06480	Date Received 11/30/2009	
Principal Occupation Acct Manager	Name of Employer Henkels & McCay Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Richards	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1723	Amount of Contribution
Residential Street Address 73 Old Marlborough Tpke	City Portland	State CT	Zip Code 06480	Date Received 11/30/2009	
Principal Occupation Supt	Name of Employer Henkels and McCay Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Zelman	First Name Ellen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1738	Amount of Contribution
Residential Street Address 4 Cliffmount Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 11/30/2009	
Principal Occupation Travel Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Killian	First Name Ana Maria	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1708	Amount of Contribution
Residential Street Address 149 Brandy St	City Bolton	State CT	Zip Code 06043	Date Received 11/30/2009	
Principal Occupation Chef	Name of Employer Harrigans Landing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Favreau	First Name Dorothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1702	Amount of Contribution
Residential Street Address 28 Franklin Park E	City Vernon	State CT	Zip Code 06066	Date Received 11/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Gumula	First Name Beatrice	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1705	Amount of Contribution
Residential Street Address 149 Ennis Rd	City Brooklyn	State CT	Zip Code 06234	Date Received 11/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Gumula	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1706	Amount of Contribution
Residential Street Address 156 Ennis Rd	City Brooklyn	State CT	Zip Code 06234	Date Received 11/30/2009	
Principal Occupation	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Killian	First Name Kate	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1709	Amount of Contribution
Residential Street Address 224 Wethersfield Ave	City Hartford	State CT	Zip Code 06114	Date Received 11/30/2009	
Principal Occupation Animal Groomer	Name of Employer Petco, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Laubler	First Name Connie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1711	Amount of Contribution
Residential Street Address 64 Woodhaven St	City Waterbury	State CT	Zip Code 06708	Date Received 11/30/2009	
Principal Occupation Paralegal	Name of Employer Atty John Santucci	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Laubler	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1712	Amount of Contribution
Residential Street Address 64 Woodhaven St	City Waterbury	State CT	Zip Code 06708	Date Received 11/30/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lombardo	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1714	Amount of Contribution
Residential Street Address 160 Sherwood Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 11/30/2009	
Principal Occupation Owner	Name of Employer Lombardo Ins. Agency Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Mulhall	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1717	Amount of Contribution
Residential Street Address 260 Mount Fair Dr	City Watertown	State CT	Zip Code 06798	Date Received 11/30/2009	
Principal Occupation Attorney	Name of Employer Nixon and Mulhall	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Muri	First Name Mari	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1718	Amount of Contribution
Residential Street Address 6 Shadow Ln	City Cromwell	State CT	Zip Code 06416	Date Received 11/30/2009	
Principal Occupation Math Consultant	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Nirenstein	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1719	Amount of Contribution
Residential Street Address 23 Brainard Rd	City West Hartford	State CT	Zip Code 06117	Date Received 11/30/2009	
Principal Occupation Attorney	Name of Employer Nirenstein, Horowitz & Assoc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Reck	First Name Stacy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1721	Amount of Contribution
Residential Street Address 45 Chester Maine Rd	City North Stonington	State CT	Zip Code 06359	Date Received 11/30/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Riefberg	First Name Vivian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1724	Amount of Contribution
Residential Street Address 8504 Beech Tree Ct	City Bethesda	State MD	Zip Code 20817	Date Received 11/30/2009	
Principal Occupation Management Consultant	Name of Employer McKinsey and Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name SUSSMAN	First Name MARK	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1729	Amount of Contribution
Residential Street Address 62 Timothy Ter	City Windsor	State CT	Zip Code 06095	Date Received 11/30/2009	
Principal Occupation Attorney	Name of Employer Murtha Cullina LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Tillman-Brown	First Name Dugan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1732	Amount of Contribution
Residential Street Address 210 N H	City Midland	State TX	Zip Code 79705	Date Received 11/30/2009	
Principal Occupation Oil and Gas Research	Name of Employer Wagner and Brown	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wawruck	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1736	Amount of Contribution
Residential Street Address 18 Burnap Rd	City Windsor Locks	State CT	Zip Code 06909	Date Received 11/30/2009	
Principal Occupation Mortgage Officer	Name of Employer Windsor Locks Fed Credit Union	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Glass	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1703	Amount of Contribution
Residential Street Address 2 Buena Vista Rd	City Branford	State CT	Zip Code 06405	Date Received 11/30/2009	
Principal Occupation Asst Dir of Stewardship Fin	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dunne	First Name Kerrie	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 # 1739	Amount of Contribution
Residential Street Address 269 Crescent Cir	City Cheshire	State CT	Zip Code 06410	Date Received 12/02/2009	
Principal Occupation Attorney	Name of Employer Independent Contractor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Walsh	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1808	Amount of Contribution
Residential Street Address 14-5 Arthur Dr	City South Windsor	State CT	Zip Code 06074	Date Received 12/03/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name DeMaio	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1751	Amount of Contribution
Residential Street Address 37 Sunnybrook Dr	City Newington	State CT	Zip Code 06111	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Vignati	First Name Janis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1806	Amount of Contribution
Residential Street Address 87 Kingston Dr	City East Hartford	State CT	Zip Code 06118	Date Received 12/03/2009	
Principal Occupation School Nurse	Name of Employer Town of Manchester	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Vignati	First Name Francis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1805	Amount of Contribution
Residential Street Address 87 Kingston Dr	City East Hartford	State CT	Zip Code 06118	Date Received 12/03/2009	
Principal Occupation Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name DiProto	First Name Darlene	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1752	Amount of Contribution
Residential Street Address 3 Oak Rd	City Cromwell	State CT	Zip Code 06416	Date Received 12/03/2009	
Principal Occupation Town Clerk, Town Treasurer	Name of Employer Town of Cromwell	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$50.00
Last Name Shonta	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1798	Amount of Contribution
Residential Street Address 118 Skyview Dr	City Cromwell	State CT	Zip Code 06416	Date Received 12/03/2009	
Principal Occupation Clerk	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Raynock	First Name Pamela	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1791	Amount of Contribution
Residential Street Address 118 Harding Ave	City Newington	State CT	Zip Code 06111	Date Received 12/03/2009	
Principal Occupation Real Estate/Mortgage Assistant	Name of Employer Polk Real Estate Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Clynch	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1749	Amount of Contribution
Residential Street Address 903 Ridge Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Chair DAV Homeless Vets	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Roberts	First Name Geraldine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1792	Amount of Contribution
Residential Street Address 64 Old Post Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Swade	First Name Leonard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1802	Amount of Contribution
Residential Street Address 46 Lincoln Way	City Windsor	State CT	Zip Code 06095	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Tiberio	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1803	Amount of Contribution
Residential Street Address 16 Somerset St	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Human Resources Director	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
<hr/>					
Last Name Pinney	First Name Pat	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1789	Amount of Contribution
Residential Street Address 214 Maple St	City Somersville	State CT	Zip Code 06072	Date Received 12/03/2009	
Principal Occupation Teacher	Name of Employer Willington Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Pinney	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1788	Amount of Contribution
Residential Street Address 214 Maple St	City Somersville	State CT	Zip Code 06072	Date Received 12/03/2009	
Principal Occupation First Selectman	Name of Employer Town of Somers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
<hr/>					
Last Name Mahler	First Name Stuart	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1772	Amount of Contribution
Residential Street Address 12 Plainfield Rd	City West Hartford	State CT	Zip Code 06117	Date Received 12/03/2009	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Silbo	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1799	Amount of Contribution
Residential Street Address 59 Apple HI	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Program Coordinator	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Fornuto	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1758	Amount of Contribution
Residential Street Address 17 Gulley Dr	City South Windsor	State CT	Zip Code 06074	Date Received 12/03/2009	
Principal Occupation Sub Teacher	Name of Employer S Windsor Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
<hr/>					
Last Name Dumaine	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1755	Amount of Contribution
Residential Street Address 86 Tracy Dr	City Manchester	State CT	Zip Code 06042	Date Received 12/03/2009	
Principal Occupation Case Worker	Name of Employer DSS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Menard	First Name Denise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1775	Amount of Contribution
Residential Street Address 73 Miller Rd	City Broad Brook	State CT	Zip Code 06016	Date Received 12/03/2009	
Principal Occupation First Selectman	Name of Employer Town of East Windsor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rossi	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1793	Amount of Contribution
Residential Street Address 21 Jerry Rd	City East Hartford	State CT	Zip Code 06118	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Anest	First Name Carol-Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1741	Amount of Contribution
Residential Street Address 30 Harding Ave	City Newington	State CT	Zip Code 06111	Date Received 12/03/2009	
Principal Occupation Sr. Paralegal	Name of Employer Gordon, Muir & Foley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lecce	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1770	Amount of Contribution
Residential Street Address 1502 Main St	City Glastonbury	State CT	Zip Code 06033	Date Received 12/03/2009	
Principal Occupation Nurse	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Harpley	First Name Victor	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1761	Amount of Contribution
Residential Street Address 17 Wildwood Rd	City Cromwell	State CT	Zip Code 06416	Date Received 12/03/2009	
Principal Occupation Project Management	Name of Employer Computer Sciences Corporation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Zuerblis	First Name Cynthia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1813	Amount of Contribution
Residential Street Address 119 Two Rod Hwy	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Div Mgr	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Zuerblis	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1814	Amount of Contribution
Residential Street Address 119 Two Rod Hwy	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Waste Water Supervisor	Name of Employer MDC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hayden	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1762	Amount of Contribution
Residential Street Address 187 S Main St	City East Granby	State CT	Zip Code 06026	Date Received 12/03/2009	
Principal Occupation 1st Selectman	Name of Employer Town of East Granby	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Labrot	First Name Essie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1769	Amount of Contribution
Residential Street Address 130 Mountain Rd	City West Hartford	State CT	Zip Code 06107	Date Received 12/03/2009	
Principal Occupation Town Clerk	Name of Employer Town of West Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Horan	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1764	Amount of Contribution
Residential Street Address 25 Rustic Ln	City East Hartford	State CT	Zip Code 06118	Date Received 12/03/2009	
Principal Occupation Attorney	Name of Employer Webber, Jacobs, Murphy & Horan, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Russo	First Name Judy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1795	Amount of Contribution
Residential Street Address 78 Hawks Nest Cir	City Middletown	State CT	Zip Code 06457	Date Received 12/03/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$175.00	\$25.00
Last Name Russo	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1794	Amount of Contribution
Residential Street Address 78 Hawks Nest Cir	City Middletown	State CT	Zip Code 06457	Date Received 12/03/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$175.00	\$25.00
Last Name Sullivan	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1801	Amount of Contribution
Residential Street Address 41 High Farms Rd	City West Hartford	State CT	Zip Code 06107	Date Received 12/03/2009	
Principal Occupation Attorney	Name of Employer Howard, Kohn, Sprague & Fitzgerald, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Pacelli	First Name Louis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1781	Amount of Contribution
Residential Street Address 9 Twin Bridge Rd	City Madison	State CT	Zip Code 06443	Date Received 12/03/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Petroni	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1784	Amount of Contribution
Residential Street Address 448 Jones Hollow Rd	City Marlborough	State CT	Zip Code 06447	Date Received 12/03/2009	
Principal Occupation Manager	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$100.00
Last Name Petroni	First Name Mike	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1785	Amount of Contribution
Residential Street Address 448 Jones Hollow Rd	City Marlborough	State CT	Zip Code 06447	Date Received 12/03/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Petroni	First Name Nick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1786	Amount of Contribution
Residential Street Address 448 Jones Hollow Rd	City Marlborough	State CT	Zip Code 06447	Date Received 12/03/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Doucette	First Name Heather	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1753	Amount of Contribution
Residential Street Address 85 Stephanies Way	City Manchester	State CT	Zip Code 06040	Date Received 12/03/2009	
Principal Occupation Education Consultant	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00
Last Name Doucette	First Name Jason	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1754	Amount of Contribution
Residential Street Address 85 Stephanies Way	City Manchester	State CT	Zip Code 06040	Date Received 12/03/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00
Last Name Blackburn	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1743	Amount of Contribution
Residential Street Address 131 Elm St	City Windsor Locks	State CT	Zip Code 06096	Date Received 12/03/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Ramsay	First Name F.E.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1790	Amount of Contribution
Residential Street Address 4 Harrison Dr	City Cromwell	State CT	Zip Code 06416	Date Received 12/03/2009	
Principal Occupation Consultant	Name of Employer Towers Perrin	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name McGuire	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1774	Amount of Contribution
Residential Street Address 34 Mathewson Ave	City Enfield	State CT	Zip Code 06082	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$25.00
Last Name Parlow	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1782	Amount of Contribution
Residential Street Address 83 Farmington Chase	City Farmington	State CT	Zip Code 06032	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Wanczyk	First Name Rose-Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1809	Amount of Contribution
Residential Street Address 19 Pine Ct	City Cromwell	State CT	Zip Code 06416	Date Received 12/03/2009	
Principal Occupation Clinical Social Worker	Name of Employer Community Health Ctr	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Murphy	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1779	Amount of Contribution
Residential Street Address 161 Crater Ln	City Kensington	State CT	Zip Code 06037	Date Received 12/03/2009	
Principal Occupation Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Leonka	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1771	Amount of Contribution
Residential Street Address 69 Reed Dr	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Fiscal Assistant	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Hill	First Name Penelope	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1763	Amount of Contribution
Residential Street Address 160 Laurel St	City South Windsor	State CT	Zip Code 06074	Date Received 12/03/2009	
Principal Occupation Teacher	Name of Employer Town of South Windsor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Jeski	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1765	Amount of Contribution
Residential Street Address 75 Murielle Dr	City South Windsor	State CT	Zip Code 06074	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Miggins	First Name Brendan	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 # 1777	Amount of Contribution
Residential Street Address 112 Tunxis Vlg	City Farmington	State CT	Zip Code 06032	Date Received 12/03/2009	
Principal Occupation Project Manager	Name of Employer EDM	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$280.00	\$30.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Miggins	First Name Deborah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1778	Amount of Contribution
Residential Street Address 17 Lindsay Ln	City Broad Brook	State CT	Zip Code 06016	Date Received 12/03/2009	
Principal Occupation IT	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$50.00
Last Name Samalot	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1797	Amount of Contribution
Residential Street Address 119 Mohawk Dr	City West Hartford	State CT	Zip Code 06117	Date Received 12/03/2009	
Principal Occupation Asst, Attorney General	Name of Employer Office of the Attorney General	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$25.00
Last Name Ferrari	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1756	Amount of Contribution
Residential Street Address 32 Miller Ter	City Windsor Locks	State CT	Zip Code 06096	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Cahill	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1748	Amount of Contribution
Residential Street Address 261 Cavan Ln	City Glastonbury	State CT	Zip Code 06033	Date Received 12/03/2009	
Principal Occupation Deputy State Dr Counsel	Name of Employer Senator Joe Lieberman	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Voice	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 # 1807	Amount of Contribution
Residential Street Address 14 Harwich Ln	City West Hartford	State CT	Zip Code 06117	Date Received 12/03/2009	
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$25.00
Last Name Marino	First Name JR	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1773	Amount of Contribution
Residential Street Address 353 Arbutus St	City Middletown	State CT	Zip Code 06457	Date Received 12/03/2009	
Principal Occupation General Manager	Name of Employer American Contractors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Adelani	First Name Bola	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1740	Amount of Contribution
Residential Street Address PO Box 260562	City Hartford	State CT	Zip Code 06126	Date Received 12/03/2009	
Principal Occupation Business Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Black	First Name Shirley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1742	Amount of Contribution
Residential Street Address 301 Tremont St	City New Britain	State CT	Zip Code 06051	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bradley</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>1744</b>	Amount of Contribution
Residential Street Address <b>480 Wells Rd</b>	City <b>Wethersfield</b>	State <b>CT</b>	Zip Code <b>06109</b>	Date Received <b>12/03/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Rome, McGuigan &amp; Sabanosh</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>12032009A</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>
Last Name <b>BRANDT</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>1745</b>	Amount of Contribution
Residential Street Address <b>9 Hawthorn Ct</b>	City <b>Cromwell</b>	State <b>CT</b>	Zip Code <b>06416</b>	Date Received <b>12/03/2009</b>	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>12032009A</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>
Last Name <b>Brandt</b>	First Name <b>Danny</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1746</b>	Amount of Contribution
Residential Street Address <b>9 Hawthorn Ct</b>	City <b>Cromwell</b>	State <b>CT</b>	Zip Code <b>06416</b>	Date Received <b>12/03/2009</b>	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>12032009A</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>
Last Name <b>Brel</b>	First Name <b>Andrei</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1747</b>	Amount of Contribution
Residential Street Address <b>2 Park Place Cir</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06110</b>	Date Received <b>12/03/2009</b>	
Principal Occupation <b>Exec Director</b>	Name of Employer <b>Juniper House Homecare</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u><b>12032009A</b></u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Cragg	First Name Lauren	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1750	Amount of Contribution
Residential Street Address 225 Flood Rd	City Marlborough	State CT	Zip Code 06447	Date Received 12/03/2009	
Principal Occupation Writer/Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Peterson	First Name Glen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1783	Amount of Contribution
Residential Street Address 225 Flood Rd	City Marlborough	State CT	Zip Code 06447	Date Received 12/03/2009	
Principal Occupation School Principal	Name of Employer CREC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Flanders	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 # 1757	Amount of Contribution
Residential Street Address 57 Washington Rd	City Cromwell	State CT	Zip Code 06416	Date Received 12/03/2009	
Principal Occupation First Selectman	Name of Employer Town of Cromwell	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Gates	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1759	Amount of Contribution
Residential Street Address 3 River Mead	City Avon	State CT	Zip Code 06001	Date Received 12/03/2009	
Principal Occupation Skating Coach	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Giadone	First Name Dulcie	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1760	Amount of Contribution
Residential Street Address 21 Ashley St	City Hartford	State CT	Zip Code 06105	Date Received 12/03/2009		
Principal Occupation Exec Director	Name of Employer Hartford Children's Theatre	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00
Last Name KANELL	First Name DAVID	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 # 1766	Amount of Contribution
Residential Street Address 745 Merrow Rd Apt 125	City Coventry	State CT	Zip Code 06238	Date Received 12/03/2009		
Principal Occupation Auditor	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00
Last Name Konferowicz	First Name Eizibieta	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 # 1767	Amount of Contribution
Residential Street Address 29 Angelas Way	City Burlington	State CT	Zip Code 06013	Date Received 12/03/2009		
Principal Occupation Owner	Name of Employer Golden Key Realty	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Last Name Koualski	First Name Andrew	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 # 1768	Amount of Contribution
Residential Street Address 22 Park Pl	City New Britain	State CT	Zip Code 06051	Date Received 12/03/2009		
Principal Occupation President	Name of Employer Polar Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Merrigan	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1776	Amount of Contribution
Residential Street Address 100 Michelle Dr	City Windsor Locks	State CT	Zip Code 06096	Date Received 12/03/2009	
Principal Occupation Realtor/Builder	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Niziankiewicz	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 # 1780	Amount of Contribution
Residential Street Address 20 Rocco Rd	City Bolton	State CT	Zip Code 06043	Date Received 12/03/2009	
Principal Occupation Process Server	Name of Employer CT Process Serving	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Petukhov	First Name Melissa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1787	Amount of Contribution
Residential Street Address 1429 Park St Apt 1417	City Hartford	State CT	Zip Code 06106	Date Received 12/03/2009	
Principal Occupation Skating Coach	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Rutkowski	First Name Malgorzata	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1796	Amount of Contribution
Residential Street Address 664 Village St	City Bristol	State CT	Zip Code 06010	Date Received 12/03/2009	
Principal Occupation Office Manager	Name of Employer ZAG Machine	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Silbo	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1800	Amount of Contribution
Residential Street Address 55 Shadow Ln	City West Hartford	State CT	Zip Code 06110	Date Received 12/03/2009	
Principal Occupation Program Coordinator	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Tracey	First Name Deana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1804	Amount of Contribution
Residential Street Address 55 Brookside Cir	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Paralegal	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Wieleba	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1810	Amount of Contribution
Residential Street Address 168 Forest Dr	City Wethersfield	State CT	Zip Code 06109	Date Received 12/03/2009	
Principal Occupation Town Clerk	Name of Employer Town of East Hampton	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Wlodarczyk	First Name Stanley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1811	Amount of Contribution
Residential Street Address 21 Shipman Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 12/03/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Zagobelna	First Name Yolanta	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1812	Amount of Contribution
Residential Street Address 417 McKlinton St	City New Britain	State CT	Zip Code 06053	Date Received 12/03/2009	
Principal Occupation Owner	Name of Employer Rarytas Grocery	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12032009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name BLECKER	First Name ELIZABETH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1817	Amount of Contribution
Residential Street Address 8 Wildflower Dr	City Hebron	State CT	Zip Code 06248	Date Received 12/05/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Blecker	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1818	Amount of Contribution
Residential Street Address 8 Wildflower Dr	City Hebron	State CT	Zip Code 06248	Date Received 12/05/2009	
Principal Occupation Underwriter	Name of Employer Travelers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Briggs	First Name Lincoln	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1819	Amount of Contribution
Residential Street Address 81 Olcott Way	City Ridgefield	State CT	Zip Code 06877	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Gilbride, Tusa, Last & Spellane LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Brzezinski	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1820	Amount of Contribution
Residential Street Address 50 Wolfe St	City Alexandria	State VA	Zip Code 22314	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer McGuire Woods LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$265.00	\$265.00
Last Name Burrell	First Name Darlene	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1821	Amount of Contribution
Residential Street Address 66 Somerwynd Ln	City Suffield	State CT	Zip Code 06078	Date Received 12/05/2009	
Principal Occupation Registrar of Voters	Name of Employer Town of Suffield	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Camposeo	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1822	Amount of Contribution
Residential Street Address 68 Tonica Spring Trl	City Manchester	State CT	Zip Code 06040	Date Received 12/05/2009	
Principal Occupation Town Clerk	Name of Employer Town of Manchester	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Casillo	First Name Carolyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1823	Amount of Contribution
Residential Street Address 38 Old Farm Hill Rd	City Newtown	State CT	Zip Code 06470	Date Received 12/05/2009	
Principal Occupation Consulting	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Faxon	First Name Joel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1838	Amount of Contribution
Residential Street Address 38 Old Farm Hill Rd	City Newtown	State CT	Zip Code 06470	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Chung	First Name Tae	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1824	Amount of Contribution
Residential Street Address 400 Blake St Apt 4418	City New Haven	State CT	Zip Code 06515	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Letizia, Ambrose & Falls PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Cofrances	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1826	Amount of Contribution
Residential Street Address 60 Laurel Cliffs Rd	City Guilford	State CT	Zip Code 06437	Date Received 12/05/2009	
Principal Occupation Administration	Name of Employer PMA Mgt Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Derosa	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1829	Amount of Contribution
Residential Street Address 64 Thompson St	City Milford	State CT	Zip Code 06460	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Dominquez	First Name Mariana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1830	Amount of Contribution
Residential Street Address 257 Grey Rock Pl Unit 1C	City Stamford	State CT	Zip Code 06901	Date Received 12/05/2009	
Principal Occupation Legal Assistant	Name of Employer Gilbride, Tusa, Last & Spellane	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Doolittle	First Name Gretchen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1831	Amount of Contribution
Residential Street Address 319 Route 7	City West Cornwall	State CT	Zip Code 06796	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Doolittle	First Name Jerome	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1832	Amount of Contribution
Residential Street Address 317 Route 7	City West Cornwall	State CT	Zip Code 06796	Date Received 12/05/2009	
Principal Occupation Writer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Doolittle	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1833	Amount of Contribution
Residential Street Address 119 Everit St	City New Haven	State CT	Zip Code 06511	Date Received 12/05/2009	
Principal Occupation Photographer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Federici	First Name Louis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1839	Amount of Contribution
Residential Street Address 47 Thistle Rock Dr	City Guilford	State CT	Zip Code 06437	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Parrett, Porto, Parese & Colwell	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Federici	First Name Nicholas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1840	Amount of Contribution
Residential Street Address 9 Choctaw Ln	City Greenwich	State CT	Zip Code 06831	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Gilbride, Tusa, Last & Spellane	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Fierberg	First Name Jed	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1841	Amount of Contribution
Residential Street Address 887 Farmington Ave Apt 3A	City West Hartford	State CT	Zip Code 06119	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Frechette	First Name Roger	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1842	Amount of Contribution
Residential Street Address 14 6th Ave	City Branford	State CT	Zip Code 06405	Date Received 12/05/2009	
Principal Occupation Adm	Name of Employer Frechette & Frechette	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Gentile	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1843	Amount of Contribution
Residential Street Address 101 Midwood Ave	City Wolcott	State CT	Zip Code 06716	Date Received 12/05/2009	
Principal Occupation Controller/IT Manager	Name of Employer All Pointe Care, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Gugliotti	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1848	Amount of Contribution
Residential Street Address 536 Mt Fair Dr	City Watertown	State CT	Zip Code 06795	Date Received 12/05/2009	
Principal Occupation VP Operations	Name of Employer PMA Companies	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Hale	First Name Katherine	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 # 1849	Amount of Contribution
Residential Street Address 170 Kelton St	City Allston	State MA	Zip Code 02134	Date Received 12/05/2009	
Principal Occupation Teacher's Aide	Name of Employer Town of Brookline	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Hamenachem	First Name Rachel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1851	Amount of Contribution
Residential Street Address 229 Miller Rd	City Bethany	State CT	Zip Code 06524	Date Received 12/05/2009	
Principal Occupation	Name of Employer VRE Idc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Ip	First Name Roy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1852	Amount of Contribution
Residential Street Address 47 Elizabeth St	City Guilford	State CT	Zip Code 06437	Date Received 12/05/2009	
Principal Occupation Restauranteur	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lui	First Name Winnie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1858	Amount of Contribution
Residential Street Address 47 Elizabeth St	City Guilford	State CT	Zip Code 06437	Date Received 12/05/2009	
Principal Occupation Restauranteur	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 JACOBS	First Name CAROLINE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1853	Amount of Contribution
Residential Street Address 105 Hillside Ave	City Milford	State CT	Zip Code 06460	Date Received 12/05/2009	
Principal Occupation Office Manager	Name of Employer Jacobs Jacobs & Shannon	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lindoefer	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1857	Amount of Contribution
Residential Street Address 318 Sport Hill Rd	City Easton	State CT	Zip Code 06612	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Mathog</b>	First Name <b>Alan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1860</b>	Amount of Contribution
Residential Street Address <b>165 Pole Hill Rd</b>	City <b>Bethany</b>	State <b>CT</b>	Zip Code <b>06525</b>	Date Received <b>12/05/2009</b>	
Principal Occupation <b>Exec</b>	Name of Employer <b>PMA Companies</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Overturf</b>	First Name <b>Kyle</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1862</b>	Amount of Contribution
Residential Street Address <b>24 Whisper Wind Rd</b>	City <b>Middlefield</b>	State <b>CT</b>	Zip Code <b>06455</b>	Date Received <b>12/05/2009</b>	
Principal Occupation <b>Conservation Officer</b>	Name of Employer <b>State of CT</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

Last Name <b>Papoutsis</b>	First Name <b>Myrsini</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1864</b>	Amount of Contribution
Residential Street Address <b>66 White Ave</b>	City <b>Middlebury</b>	State <b>CT</b>	Zip Code <b>06762</b>	Date Received <b>12/05/2009</b>	
Principal Occupation <b>Asistant Dean</b>	Name of Employer <b>Fairfield University</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Podbielski</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>1865</b>	Amount of Contribution
Residential Street Address <b>7 Doris St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06053</b>	Date Received <b>12/05/2009</b>	
Principal Occupation <b>Tool Designer</b>	Name of Employer <b>Universal Design</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Robinson	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1866	Amount of Contribution
Residential Street Address 21 Ledyard Rd	City West Hartford	State CT	Zip Code 06117	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Hartford Fire Ins Comp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Stratton	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1871	Amount of Contribution
Residential Street Address 162 Huntington Ave	City New Haven	State CT	Zip Code 06512	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Swanson	First Name Shel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1872	Amount of Contribution
Residential Street Address 162 Huntington St	City New Haven	State CT	Zip Code 06511	Date Received 12/05/2009	
Principal Occupation Midwife	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Volo	First Name Rick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1873	Amount of Contribution
Residential Street Address PO Box 311	City Derby	State CT	Zip Code 06418	Date Received 12/05/2009	
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Wells	First Name Jonathan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1874	Amount of Contribution
Residential Street Address 90 River Rd	City Cos Cob	State CT	Zip Code 06807	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Gilbride, Tusa, Last & Spellane, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Balaban	First Name Elisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1816	Amount of Contribution
Residential Street Address 54 Buckley Hill Rd	City Colchester	State CT	Zip Code 06415	Date Received 12/05/2009	
Principal Occupation Para	Name of Employer Colchester Board of Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Koe	First Name Kenneth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1856	Amount of Contribution
Residential Street Address 41 Woodridge Cir	City Gales Ferry	State CT	Zip Code 06335	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Mortensen	First Name Becky	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1861	Amount of Contribution
Residential Street Address 474 Main St	City Farmington	State CT	Zip Code 06032	Date Received 12/05/2009	
Principal Occupation Accounts Payable	Name of Employer Suburban Sanitation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Hallahan	First Name Dennis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1850	Amount of Contribution
Residential Street Address 45 Monahan Rd	City Westbrook	State CT	Zip Code 06498	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Marcus	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1859	Amount of Contribution
Residential Street Address 24 Lindencrest Dr	City Danbury	State CT	Zip Code 06811	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer Marcus Dairy Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$225.00
Last Name ESPINOZA	First Name GUSTAVO	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1835	Amount of Contribution
Residential Street Address 36 Hartwell Rd	City West Hartford	State CT	Zip Code 06117	Date Received 12/05/2009	
Principal Occupation Property Manager	Name of Employer City of Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Falls	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1837	Amount of Contribution
Residential Street Address 114 Sky View Cir	City Hamden	State CT	Zip Code 06514	Date Received 12/05/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Fallon	First Name Virginia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1836	Amount of Contribution
Residential Street Address 3 Dogwood Rd	City North Branford	State CT	Zip Code 06471	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Ambrose	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1815	Amount of Contribution
Residential Street Address 321 Great Pond Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 12/05/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Juliano	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1854	Amount of Contribution
Residential Street Address 36 Hundred Acres Rd	City Newtown	State CT	Zip Code 06470	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Juliano	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1855	Amount of Contribution
Residential Street Address 36 Hundred Acres Rd	City Newtown	State CT	Zip Code 06470	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Graziani	First Name Theodore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1847	Amount of Contribution
Residential Street Address 14 Punkin Dr	City Ellington	State CT	Zip Code 06029	Date Received 12/05/2009	
Principal Occupation Sr. Buyer	Name of Employer Hamilton Sunstrand	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$100.00
Last Name Gill	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1844	Amount of Contribution
Residential Street Address 25 W Ridge Rd	City New Fairfield	State CT	Zip Code 06812	Date Received 12/05/2009	
Principal Occupation Retail Sales	Name of Employer Gill Retail Services Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Goldberg	First Name Carol	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1845	Amount of Contribution
Residential Street Address 5 N Humiston Dr	City Bethany	State CT	Zip Code 06524	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Doolittle	First Name Theodore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1834	Amount of Contribution
Residential Street Address 84 Walden St	City West Hartford	State CT	Zip Code 06107	Date Received 12/05/2009	
Principal Occupation Associate General Counsel	Name of Employer United Health	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name CLEARY	First Name EDWARD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1825	Amount of Contribution
Residential Street Address 49 Pine St	City New Haven	State CT	Zip Code 06513	Date Received 12/05/2009	
Principal Occupation CPA	Name of Employer TM Byxbec Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Smith	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1869	Amount of Contribution
Residential Street Address 491 Racebrook Rd	City Orange	State CT	Zip Code 06477	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Stratton Faxon	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 SCAVIOLA	First Name CHARLOTTE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1867	Amount of Contribution
Residential Street Address 4 Blue Trail Dr	City Prospect	State CT	Zip Code 06712	Date Received 12/05/2009	
Principal Occupation Singer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Scaviola	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1868	Amount of Contribution
Residential Street Address 4 Blue Trail Dr	City Prospect	State CT	Zip Code 06712	Date Received 12/05/2009	
Principal Occupation Retired	Name of Employer United Parcel Service	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Graebner	First Name Rebecca	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1846	Amount of Contribution
Residential Street Address 42 Eagle Ridge Dr	City Gales Ferry	State CT	Zip Code 06335	Date Received 12/05/2009	
Principal Occupation Library Technical Assistant	Name of Employer Groton Public School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Daniels	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1828	Amount of Contribution
Residential Street Address 14 Colorado Ct	City Meriden	State CT	Zip Code 06450	Date Received 12/05/2009	
Principal Occupation Attorney	Name of Employer Brenner Saltzman & Wallman LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Stahl	First Name Florence	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1870	Amount of Contribution
Residential Street Address 2 Sunset Trl	City Avon	State CT	Zip Code 06001	Date Received 12/05/2009	
Principal Occupation Resume Counselor	Name of Employer Avon Resume	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Coon	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1827	Amount of Contribution
Residential Street Address 87 Whapley Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 12/05/2009	
Principal Occupation Curriculum Manager	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Palermo	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1863	Amount of Contribution
Residential Street Address 79 W Pond Meadow Rd	City Westbrook	State CT	Zip Code 06498	Date Received 12/05/2009	
Principal Occupation retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Egazarian	First Name Cheryl	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 # 1875	Amount of Contribution
Residential Street Address 62 Laurel Ln	City Marlborough	State CT	Zip Code 06447	Date Received 12/07/2009	
Principal Occupation Consultant	Name of Employer CAE Consulting, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Ambrosey	First Name Leon	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 # 1877	Amount of Contribution
Residential Street Address 464 Hammer Town Rd	City Monroe	State CT	Zip Code 06468	Date Received 12/08/2009	
Principal Occupation	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>12082009A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Carpenter	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1879	Amount of Contribution
Residential Street Address 12 Beacon View Dr	City Fairfield	State CT	Zip Code 06825	Date Received 12/08/2009	
Principal Occupation Deputy Chief of Staff	Name of Employer Town of Fairfield	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>12082009A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Gallo	First Name Sabra	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 # 1884	Amount of Contribution
Residential Street Address 8 Pine Tree Dr	City Westport	State CT	Zip Code 06880	Date Received 12/08/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Gertzoff	First Name Arline	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1887	Amount of Contribution
Residential Street Address 6 Fillow St	City Westport	State CT	Zip Code 06880	Date Received 12/08/2009	
Principal Occupation Education	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Konandreas	First Name Georgia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1892	Amount of Contribution
Residential Street Address 34 Konandreas Dr	City Stamford	State CT	Zip Code 06903	Date Received 12/08/2009	
Principal Occupation Manager	Name of Employer Doctors Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mandell	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1895	Amount of Contribution
Residential Street Address 18 Ferry Ln E	City Westport	State CT	Zip Code 06880	Date Received 12/08/2009	
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Mandis</b>	First Name <b>Renee</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1896</b>	Amount of Contribution
Residential Street Address <b>28 Wildwood Ln</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>	Date Received <b>12/08/2009</b>	
Principal Occupation <b>Ad Agency Co-Owner</b>	Name of Employer <b>WSAA, Inc</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12082009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>McCall</b>	First Name <b>Marianna</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1898</b>	Amount of Contribution
Residential Street Address <b>22 Darbrook Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>12/08/2009</b>	
Principal Occupation <b>Consultant</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12082009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>
Last Name <b>Milwe</b>	First Name <b>Liz</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1899</b>	Amount of Contribution
Residential Street Address <b>1 Cockenoe Dr</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>12/08/2009</b>	
Principal Occupation <b>Choreographer</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12082009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Mullins</b>	First Name <b>Wiley</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1901</b>	Amount of Contribution
Residential Street Address <b>538 Judd Rd</b>	City <b>Easton</b>	State <b>CT</b>	Zip Code <b>06612</b>	Date Received <b>12/08/2009</b>	
Principal Occupation <b>Marketing</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12082009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>	<b>\$200.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Nikas	First Name Nicholas	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 # 1902	Amount of Contribution
Residential Street Address 58 Benjamin St	City Old Greenwich	State CT	Zip Code 06870	Date Received 12/08/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Papa	First Name Mike	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 # 1903	Amount of Contribution
Residential Street Address 49 Bouton St E	City Stamford	State CT	Zip Code 06907	Date Received 12/08/2009	
Principal Occupation Enterpreneur	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Salerno	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1906	Amount of Contribution
Residential Street Address 2405 Congress St	City Fairfield	State CT	Zip Code 06824	Date Received 12/08/2009	
Principal Occupation Sales	Name of Employer CA Islandia	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Tickey	First Name Jimmy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1907	Amount of Contribution
Residential Street Address 6 Coachman's Ln	City Shelton	State CT	Zip Code 06484	Date Received 12/08/2009	
Principal Occupation Marketing	Name of Employer TriZetto	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Zelinsky	First Name John	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1910	Amount of Contribution
Residential Street Address 109 4th St	City Stamford	State CT	Zip Code 06905	Date Received 12/08/2009	
Principal Occupation Real Estate Broker	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GOODELL	First Name MARIANNE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1888	Amount of Contribution
Residential Street Address 26 Ellery Ln	City Westport	State CT	Zip Code 06880	Date Received 12/08/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Lalor	First Name Carole	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1894	Amount of Contribution
Residential Street Address 16 Lincoln St	City Trumbull	State CT	Zip Code 06611	Date Received 12/08/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Dean	First Name Heather	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1880	Amount of Contribution
Residential Street Address 919 Stillson Rd	City Fairfield	State CT	Zip Code 06824	Date Received 12/08/2009	
Principal Occupation Director - Child Care Center	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Hartwell	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 # 1889	Amount of Contribution
Residential Street Address 35 Beachside Ave	City Westport	State CT	Zip Code 06880	Date Received 12/08/2009	
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Koneff	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1893	Amount of Contribution
Residential Street Address 7 Georges Ln	City Monroe	State CT	Zip Code 06468	Date Received 12/08/2009	
Principal Occupation Registrar of Voters	Name of Employer Town of Monroe	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$100.00
Last Name Ulatowski	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1908	Amount of Contribution
Residential Street Address 71 Old Zoar Rd	City Monroe	State CT	Zip Code 06468	Date Received 12/08/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Altieri	First Name Matthew	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 # 1876	Amount of Contribution
Residential Street Address 296 Cedar Ln	City Cheshire	State CT	Zip Code 06410	Date Received 12/08/2009	
Principal Occupation Teacher	Name of Employer Wallingford Board of Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Wells	First Name Galen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1909	Amount of Contribution
Residential Street Address 224 W Norwalk Rd	City Norwalk	State CT	Zip Code 06850	Date Received 12/08/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fawcett	First Name Kim	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 # 1881	Amount of Contribution
Residential Street Address 234 Collingwood Ave	City Fairfield	State CT	Zip Code 06825	Date Received 12/08/2009	
Principal Occupation Legislator	Name of Employer State Of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Flatto	First Name Ken	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1882	Amount of Contribution
Residential Street Address 136 Orchard Hill Ln	City Fairfield	State CT	Zip Code 06824	Date Received 12/08/2009	
Principal Occupation First Selectman	Name of Employer Town of Fairfield	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Burke	First Name William	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 # 1878	Amount of Contribution
Residential Street Address 245 Unquowa Rd	City Fairfield	State CT	Zip Code 06824	Date Received 12/08/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Flynn	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1883	Amount of Contribution
Residential Street Address 67 Sachem Rd	City Fairfield	State CT	Zip Code 06825	Date Received 12/08/2009	
Principal Occupation CSR	Name of Employer State Dept. of Labor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$50.00
Last Name Marcus	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1897	Amount of Contribution
Residential Street Address 15 Oakwood Ln	City Westport	State CT	Zip Code 06880	Date Received 12/08/2009	
Principal Occupation N/A	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Peters-Hamlin	First Name Kristen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1904	Amount of Contribution
Residential Street Address 21 Compo Pkwy	City Westport	State CT	Zip Code 06880	Date Received 12/08/2009	
Principal Occupation Attorney	Name of Employer Peters Hamlin LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Garfunkel	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1885	Amount of Contribution
Residential Street Address 41 Beau St	City Norwalk	State CT	Zip Code 06850	Date Received 12/08/2009	
Principal Occupation Town Clerk	Name of Employer Town of Norwalk	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Gerety	First Name Miles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1886	Amount of Contribution
Residential Street Address 168 Cross Hwy	City Redding	State CT	Zip Code 06896	Date Received 12/08/2009	
Principal Occupation Public Defender	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Muller	First Name David	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1900	Amount of Contribution
Residential Street Address 221 Weston Rd	City Weston	State CT	Zip Code 06883	Date Received 12/08/2009	
Principal Occupation Investment	Name of Employer TRG Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Jones	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1891	Amount of Contribution
Residential Street Address 24 Mustang Dr	City Shelton	State CT	Zip Code 06484	Date Received 12/08/2009	
Principal Occupation Owner	Name of Employer All Premier Flooring LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hogan	First Name Lyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1890	Amount of Contribution
Residential Street Address 3 Cross Brook Ln	City Westport	State CT	Zip Code 06880	Date Received 12/08/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rossi	First Name Jody	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1905	Amount of Contribution
Residential Street Address 71 Aiken St	City Norwalk	State CT	Zip Code 06851	Date Received 12/08/2009	
Principal Occupation Engineering	Name of Employer Equanimity Technologies, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12082009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dunion	First Name Pat	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1936	Amount of Contribution
Residential Street Address 41 Milefski Dr	City Uncasville	State CT	Zip Code 06382	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Adams	First Name Douglas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1911	Amount of Contribution
Residential Street Address 182 Maple Ave	City Uncasville	State CT	Zip Code 06382	Date Received 12/09/2009	
Principal Occupation Owner	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$75.00
Last Name Berardy	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1916	Amount of Contribution
Residential Street Address 24 Baldwin Ct	City Uncasville	State CT	Zip Code 06382	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Wherry	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1978	Amount of Contribution
Residential Street Address 33 Christy Hill Rd	City Gales Ferry	State CT	Zip Code 06335	Date Received 12/09/2009	
Principal Occupation Anthropologist	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$25.00
Last Name Laben	First Name Adam	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1958	Amount of Contribution
Residential Street Address 145 Niantic River Rd	City Waterford	State CT	Zip Code 06385	Date Received 12/09/2009	
Principal Occupation Attorney	Name of Employer Ansell, Laben Law Offices	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Paul	First Name Ellen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1966	Amount of Contribution
Residential Street Address 530 Ocean Ave	City New London	State CT	Zip Code 06320	Date Received 12/09/2009	
Principal Occupation Scheduler	Name of Employer US House of Representatives	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Moriarty	First Name Walter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1963	Amount of Contribution
Residential Street Address 7 S Canterbury Rd	City Canterbury	State CT	Zip Code 06331	Date Received 12/09/2009	
Principal Occupation Education	Name of Employer RVC College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Hyde	First Name Rebecca	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1952	Amount of Contribution
Residential Street Address 337 English Neighborhood Rd	City Woodstock	State CT	Zip Code 06281	Date Received 12/09/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Curnan	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1927	Amount of Contribution
Residential Street Address 33 Grant Ave	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation IT Specialist	Name of Employer KMBS, USA Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Armstrong	First Name Sue	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1912	Amount of Contribution
Residential Street Address 93A Tolland Ave	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Massage Therapist	Name of Employer Tolland Therapeutic Massage	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Davis	First Name Carol	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1931	Amount of Contribution
Residential Street Address 181 Monson Rd	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Town Clerk	Name of Employer Town of Stafford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Krol	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1957	Amount of Contribution
Residential Street Address 152 Chestnut Hill Rd	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation CPA	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$175.00
Last Name Vail	First Name Cheryl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1976	Amount of Contribution
Residential Street Address 2 Laurel Dr	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Tax Collector	Name of Employer Town of Stafford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Eisenhandler	First Name Noah	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 # 1937	Amount of Contribution
Residential Street Address 1164 Townsend Ave	City New Haven	State CT	Zip Code 06512	Date Received 12/09/2009	
Principal Occupation Attorney	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$475.00	\$100.00
Last Name Augustyn	First Name Katie	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 # 1914	Amount of Contribution
Residential Street Address 7 Reimer Rd	City Westport	State CT	Zip Code 06880	Date Received 12/09/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Greene	First Name Mathew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1945	Amount of Contribution
Residential Street Address 99 Lower Blvd	City New London	State CT	Zip Code 06320	Date Received 12/09/2009	
Principal Occupation Probate Judge	Name of Employer N.L. Probate Court	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$50.00
Last Name Fontaine	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1939	Amount of Contribution
Residential Street Address 65 Hyde Park Rd	City North Franklin	State CT	Zip Code 06254	Date Received 12/09/2009	
Principal Occupation Maint Electrician	Name of Employer Electric Boat	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Mrowka	First Name Dorothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1964	Amount of Contribution
Residential Street Address 399 Lebanon Ave	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Duarte	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1935	Amount of Contribution
Residential Street Address 54 Cottage St	City Groton	State CT	Zip Code 06340	Date Received 12/09/2009	
Principal Occupation Social Worker	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Gatheral	First Name Marjorie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1941	Amount of Contribution
Residential Street Address 37 Carol Dr	City Uncasville	State CT	Zip Code 06382	Date Received 12/09/2009	
Principal Occupation Realtor	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Bowles	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1918	Amount of Contribution
Residential Street Address 117 River Rd	City Preston	State CT	Zip Code 06365	Date Received 12/09/2009	
Principal Occupation Medical Policy Consultant	Name of Employer Dept of Social Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$275.00
Last Name Cole-Chu	First Name Leeland	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1925	Amount of Contribution
Residential Street Address 300 Hartford Rd	City Salem	State CT	Zip Code 06420	Date Received 12/09/2009	
Principal Occupation Attorney	Name of Employer Keppel, Cole-Chu, Cipparone, Avena & Zarcaro PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Osten	First Name Catherine	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 # 1965	Amount of Contribution
Residential Street Address PO Box 503	City Baltic	State CT	Zip Code 06330	Date Received 12/09/2009	
Principal Occupation Correctional Lieutenant	Name of Employer State of CT DOC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Coyle	First Name Rosemary	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1926	Amount of Contribution
Residential Street Address 23 Deer Run Dr	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00
Last Name Goodnow	First Name Roger	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 # 1943	Amount of Contribution
Residential Street Address 3 Cedar Ln	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/09/2009		
Principal Occupation Probate Judge	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00
Last Name Romero	First Name Karen	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 # 1970	Amount of Contribution
Residential Street Address 215 Woodbine Rd	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009		
Principal Occupation Insurance Examiner	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00
Last Name Romero	First Name Karen	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 # 1971	Amount of Contribution
Residential Street Address 215 Woodbine Rd	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009		
Principal Occupation Insurance Examiner	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Seifert	First Name Conrad	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1974	Amount of Contribution
Residential Street Address 10 Wildwood Dr	City Niantic	State CT	Zip Code 06357	Date Received 12/09/2009	
Principal Occupation Attorney	Name of Employer Seifert and Hogan Law Offices	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Thomas	First Name Jodi	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1975	Amount of Contribution
Residential Street Address 446 Amston Rd	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009	
Principal Occupation Judge of Probate	Name of Employer Colchester Probate CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Malsbenden	First Name Irene	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 # 1960	Amount of Contribution
Residential Street Address 156 Christy Ln	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	\$5.00
Last Name Malsbenden	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 # 1961	Amount of Contribution
Residential Street Address 156 Christy Ln	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Arsenault	First Name Michele	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1913	Amount of Contribution
Residential Street Address 185 Fitchville Rd	City Bozrah	State CT	Zip Code 06334	Date Received 12/09/2009	
Principal Occupation Accountant	Name of Employer State of CT - Dept. of Labor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Buebendorf	First Name Catherine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1922	Amount of Contribution
Residential Street Address 1393 Old Colchester Rd	City Oakdale	State CT	Zip Code 06370	Date Received 12/09/2009	
Principal Occupation Teacher	Name of Employer RHAM Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Geary	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1942	Amount of Contribution
Residential Street Address 11 Depot Rd	City Uncasville	State CT	Zip Code 06382	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Kaeding	First Name Jim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1954	Amount of Contribution
Residential Street Address 1221 Route 169	City Woodstock	State CT	Zip Code 06281	Date Received 12/09/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Wholean	First Name Margaret	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1979	Amount of Contribution
Residential Street Address 1221 Route 169	City Woodstock	State CT	Zip Code 06281	Date Received 12/09/2009	
Principal Occupation Accountant	Name of Employer James Kaeding	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Pomazon	First Name Monica	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1968	Amount of Contribution
Residential Street Address 90 Pequot Rd	City Uncasville	State CT	Zip Code 06382	Date Received 12/09/2009	
Principal Occupation Teacher	Name of Employer Griswold Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Horvitz	First Name Sheila	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1949	Amount of Contribution
Residential Street Address 108 Jaffee Ter	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Pitts	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1967	Amount of Contribution
Residential Street Address 11 N Canterbury Rd	City Canterbury	State CT	Zip Code 06331	Date Received 12/09/2009	
Principal Occupation Admin	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Sear	First Name Brian	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 # 1973	Amount of Contribution
Residential Street Address 11 N Canterbury Rd	City Canterbury	State CT	Zip Code 06331	Date Received 12/09/2009	
Principal Occupation First Selectman	Name of Employer Town of Canterbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$80.00	\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Harrington	First Name Donald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1947	Amount of Contribution
Residential Street Address 58 Bellevue Pl	City New London	State CT	Zip Code 06320	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$25.00	\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Bentley	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1915	Amount of Contribution
Residential Street Address 143 Park Ave	City Colchester	State CT	Zip Code 06415	Date Received 12/09/2009	
Principal Occupation Legal Assistant	Name of Employer Ansell Laben Law Offices LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Bloom	First Name Amy	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 # 1917	Amount of Contribution
Residential Street Address 144 Slater Ave	City Jewett City	State CT	Zip Code 06351	Date Received 12/09/2009	
Principal Occupation Office Manager	Name of Employer SNHC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bradway</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>1919</b>	Amount of Contribution
Residential Street Address <b>20 Williamson Rd</b>	City <b>Stafford Springs</b>	State <b>CT</b>	Zip Code <b>06076</b>	Date Received <b>12/09/2009</b>	
Principal Occupation <b>Compliance Manager</b>	Name of Employer <b>Aetna</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12092009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>
Last Name <b>Braxton</b>	First Name <b>Lonnie</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1920</b>	Amount of Contribution
Residential Street Address <b>45 Pacific St</b>	City <b>New London</b>	State <b>CT</b>	Zip Code <b>06320</b>	Date Received <b>12/09/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>State of CT</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12092009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>
Last Name <b>Broad</b>	First Name <b>Julia</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1921</b>	Amount of Contribution
Residential Street Address <b>39 Deer Run Rd</b>	City <b>Colchester</b>	State <b>CT</b>	Zip Code <b>06415</b>	Date Received <b>12/09/2009</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12092009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>
Last Name <b>Burgess</b>	First Name <b>Wayne</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>1923</b>	Amount of Contribution
Residential Street Address <b>112 Jerome Rd</b>	City <b>Uncasville</b>	State <b>CT</b>	Zip Code <b>06382</b>	Date Received <b>12/09/2009</b>	
Principal Occupation	Name of Employer <b>EB</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12092009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$25.00</b>	<b>\$25.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Chase	First Name Jon	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1924	Amount of Contribution
Residential Street Address 1011 Route 163	City Oakdale	State CT	Zip Code 06370	Date Received 12/09/2009		
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$25.00	\$25.00
Last Name Curtin	First Name Charles	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 # 1928	Amount of Contribution
Residential Street Address 25 Giardner Ave	City New London	State CT	Zip Code 06320	Date Received 12/09/2009		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$100.00	\$100.00
Last Name Curtin	First Name Margaret	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 # 1929	Amount of Contribution
Residential Street Address 314 Ocean Ave	City New London	State CT	Zip Code 06320	Date Received 12/09/2009		
Principal Occupation Driver	Name of Employer Yellow Cab	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$100.00	\$100.00
Last Name Davis	First Name Bruce	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 # 1930	Amount of Contribution
Residential Street Address 114 Stafford St	City Stafford Springs	State CT	Zip Code 06073	Date Received 12/09/2009		
Principal Occupation Maintenance Tech	Name of Employer Town of Stafford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Davis	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1932	Amount of Contribution
Residential Street Address 114 Stafford St	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Social Worker	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name DeGray	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1933	Amount of Contribution
Residential Street Address 237 Brooklyn Rd	City Canterbury	State CT	Zip Code 06331	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Dion	First Name Darlene	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1934	Amount of Contribution
Residential Street Address 212A Upper Rd	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Treasurer	Name of Employer Town of Stafford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Ferland	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1938	Amount of Contribution
Residential Street Address 38 Arbor Rd	City Jewett City	State CT	Zip Code 06351	Date Received 12/09/2009	
Principal Occupation Teacher	Name of Employer Norwich Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Fontaine	First Name Nina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1940	Amount of Contribution
Residential Street Address 30 Westford Ave	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Custodial	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Graves	First Name Kelly	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1944	Amount of Contribution
Residential Street Address 94 Plain Hill Rd	City Norwich	State CT	Zip Code 06320	Date Received 12/09/2009	
Principal Occupation Teacher	Name of Employer Lisbon BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Harper	First Name Chelle	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 # 1946	Amount of Contribution
Residential Street Address 31 Stillman Ave # 3	City Pawcatuck	State CT	Zip Code 06379	Date Received 12/09/2009	
Principal Occupation LMT	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hathaway	First Name Dennis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1948	Amount of Contribution
Residential Street Address 9 Lake Shore Blvd	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Mananger	Name of Employer Travelers Ins	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Huba	First Name Soeren	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 # 1950	Amount of Contribution
Residential Street Address 78 River Rd	City Cos Cob	State CT	Zip Code 06878	Date Received 12/09/2009	
Principal Occupation Executive Director	Name of Employer Morgan Stanley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Huska	First Name Mary Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1951	Amount of Contribution
Residential Street Address 310 Boston Post Rd # 140	City Waterford	State CT	Zip Code 06385	Date Received 12/09/2009	
Principal Occupation Legal Secretary	Name of Employer Ansell Laben Law Offices LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Julian	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 # 1953	Amount of Contribution
Residential Street Address 93 Tolland Ave	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
<hr/>					
Last Name Kent	First Name Carol	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1955	Amount of Contribution
Residential Street Address 322 Brooklyn Rd	City Canterbury	State CT	Zip Code 06331	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kissa	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1956	Amount of Contribution
Residential Street Address 108 Ledge Rd	City Dayville	State CT	Zip Code 06241	Date Received 12/09/2009	
Principal Occupation Millwright	Name of Employer NECLMP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Leary	First Name Philip	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1959	Amount of Contribution
Residential Street Address 170 Norwich New London Tpke	City Uncasville	State CT	Zip Code 06382	Date Received 12/09/2009	
Principal Occupation CT State Marshall	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Martinez	First Name Tedman	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1962	Amount of Contribution
Residential Street Address 17 Overlook Dr	City Waterford	State CT	Zip Code 06385	Date Received 12/09/2009	
Principal Occupation Director of Student Services	Name of Employer NL Dept of Edu	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Rivers	First Name James	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 # 1969	Amount of Contribution
Residential Street Address 117 Searles Rd	City Pomfret Center	State CT	Zip Code 06259	Date Received 12/09/2009	
Principal Occupation First Selectman	Name of Employer Town of Pomfret	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Ruuskanen	First Name Kalervo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1972	Amount of Contribution
Residential Street Address 398 N Canterbury Rd	City Canterbury	State CT	Zip Code 06331	Date Received 12/09/2009	
Principal Occupation Security Officer	Name of Employer US Security Assoc, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Waugh	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1977	Amount of Contribution
Residential Street Address 21 West St	City Stafford Springs	State CT	Zip Code 06076	Date Received 12/09/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Wolff	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1980	Amount of Contribution
Residential Street Address 700 12th St NW	City Washington	State DC	Zip Code 20005	Date Received 12/09/2009	
Principal Occupation Attorney	Name of Employer Manatt, Phelps & Phillips, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12092009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Alves	First Name Antonio	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1982	Amount of Contribution
Residential Street Address 156 Whitehall Ave	City Mystic	State CT	Zip Code 06355	Date Received 12/10/2009	
Principal Occupation Plumbing	Name of Employer Alves/Cascio P&H	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name ANDRZEJAK	First Name FRANK	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1983	Amount of Contribution
Residential Street Address 529 Wooster St	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Custodian	Name of Employer Naugatuck Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00	\$35.00
Last Name Avellani	First Name Delores	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1984	Amount of Contribution
Residential Street Address 89 Margaret Cir	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name BAILEY	First Name BERNARD	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 # 1985	Amount of Contribution
Residential Street Address 200 Stonefield Dr	City Waterbury	State CT	Zip Code 06705	Date Received 12/10/2009	
Principal Occupation Mental Health Worker	Name of Employer Charlotte Hungerford Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Barton	First Name Francis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1986	Amount of Contribution
Residential Street Address PO Box 823	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation Salesman	Name of Employer Nowak Products	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Bona	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1989	Amount of Contribution
Residential Street Address 40 Bona Rd	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Brooks	First Name Gwendolyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1993	Amount of Contribution
Residential Street Address 1314 Old Waterbury Rd	City Southbury	State CT	Zip Code 06488	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Burstein	First Name Dan	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 # 1995	Amount of Contribution
Residential Street Address 1 Langner Ln	City Weston	State CT	Zip Code 06883	Date Received 12/10/2009	
Principal Occupation Venture Capitol Investor	Name of Employer Millennium Technology Ventures	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Carter	First Name Brenda	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 # 1996	Amount of Contribution
Residential Street Address 18E Ridge Dr	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation Tax Clerk	Name of Employer Town of Middlebury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Carter	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1997	Amount of Contribution
Residential Street Address 221 May St	City Naugatuck	State CT	Zip Code 06670	Date Received 12/10/2009	
Principal Occupation Mayoral Aide	Name of Employer Borough of Naugatuck	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Cirillo	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1998	Amount of Contribution
Residential Street Address 51 Chapin Ave	City Waterbury	State CT	Zip Code 06708	Date Received 12/10/2009	
Principal Occupation Asst Bus Mgr	Name of Employer IBEW Local 420	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Covello	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1999	Amount of Contribution
Residential Street Address 1 Maple Ave	City Plymouth	State CT	Zip Code 06782	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Czellecz	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2000	Amount of Contribution
Residential Street Address 52 Fireside Ln	City Bristol	State CT	Zip Code 06010	Date Received 12/10/2009	
Principal Occupation Registered Nurse	Name of Employer St. Francis Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Delaney	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2002	Amount of Contribution
Residential Street Address 4 Roundtable Rd	City New Milford	State CT	Zip Code 06776	Date Received 12/10/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Desmarais	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2003	Amount of Contribution
Residential Street Address 57 Shaddock Rd	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Ferrucci	First Name Bryan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2004	Amount of Contribution
Residential Street Address PO Box 1219	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation State Trooper	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Goggin	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2008	Amount of Contribution
Residential Street Address 87 Moonlight Cir	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Tax Collector	Name of Employer Borough of Naugatuck	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Greaser	First Name Kay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2009	Amount of Contribution
Residential Street Address 145 Center Hill Rd	City Barkhamsted	State CT	Zip Code 06063	Date Received 12/10/2009	
Principal Occupation Advertising	Name of Employer Large and Page Comm	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Halloran	First Name Alice	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2010	Amount of Contribution
Residential Street Address 644 South St	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation Teacher	Name of Employer Westover School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jackson	First Name Laurie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2016	Amount of Contribution
Residential Street Address 204 Margaret Cir	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Regular Paraprofessional	Name of Employer Naugatuck Bd of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Karvelis	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2018	Amount of Contribution
Residential Street Address 56 Rockhurst Dr	City Waterbury	State CT	Zip Code 06708	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Krzykowski	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2020	Amount of Contribution
Residential Street Address 116 Homestead Ave	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Operation	Name of Employer Chemtura	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Lane	First Name William	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 # 2021	Amount of Contribution
Residential Street Address 721 North St	City Goshen	State CT	Zip Code 06756	Date Received 12/10/2009	
Principal Occupation Attorney	Name of Employer Lane & Lane	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Keshian	First Name Janet	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 # 2019	Amount of Contribution
Residential Street Address 94 Seaview Ave	City Branford	State CT	Zip Code 06405	Date Received 12/10/2009	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00	\$10.00
Last Name Lanese	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2022	Amount of Contribution
Residential Street Address 7 Red Oak Ln	City Seymour	State CT	Zip Code 06483	Date Received 12/10/2009	
Principal Occupation Lineman	Name of Employer CLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name LaRosa	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2023	Amount of Contribution
Residential Street Address 22 Ferrone Ave	City Waterbury	State CT	Zip Code 06705	Date Received 12/10/2009	
Principal Occupation Advertising, Sales	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lemieux	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2024	Amount of Contribution
Residential Street Address 81 Cricket Hill Rd	City Bristol	State CT	Zip Code 06010	Date Received 12/10/2009	
Principal Occupation Police Officer	Name of Employer Town of Farmington	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Miller	First Name Noa	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 # 2028	Amount of Contribution
Residential Street Address 30 Nick Rd	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Misset	First Name Martin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2029	Amount of Contribution
Residential Street Address 46 Alberta St	City Waterbury	State CT	Zip Code 06708	Date Received 12/10/2009	
Principal Occupation Executive	Name of Employer WCTFW	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Morano	First Name Christopher	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 # 2030	Amount of Contribution
Residential Street Address PO Box 84	City Essex	State CT	Zip Code 06426	Date Received 12/10/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Mormile	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2031	Amount of Contribution
Residential Street Address 9 High St	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation PH Assistance	Name of Employer Naugatuck Housing Auth	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
<hr/>					
Last Name Mullen	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2032	Amount of Contribution
Residential Street Address 64 Old Ridge Rd	City New Milford	State CT	Zip Code 06776	Date Received 12/10/2009	
Principal Occupation Dentist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name O'Keefe	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2037	Amount of Contribution
Residential Street Address 19 Donna Dr	City New Fairfield	State CT	Zip Code 06812	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Perille	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2039	Amount of Contribution
Residential Street Address 5 Jacqueline Dr	City Wolcott	State CT	Zip Code 06716	Date Received 12/10/2009	
Principal Occupation Business Owner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Persico	First Name Anastasia	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 # 2040	Amount of Contribution
Residential Street Address 642 Watertown Rd	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation Intermediate	Name of Employer Campion Ambulance	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Polleta	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2041	Amount of Contribution
Residential Street Address 262 Tucker Ave	City Oakville	State CT	Zip Code 06779	Date Received 12/10/2009	
Principal Occupation Disc Jockey	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Polletta	First Name Giuseppe	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2042	Amount of Contribution
Residential Street Address 262 Tucker Avenue Ext	City Oakville	State CT	Zip Code 06779	Date Received 12/10/2009	
Principal Occupation Electrician	Name of Employer PJ Electric	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Russell	First Name Michele	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2045	Amount of Contribution
Residential Street Address 42 Bridle Trail Dr	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Teacher	Name of Employer Naugatuck Bd of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
<hr/>					
Last Name Sheedy	First Name Louise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2048	Amount of Contribution
Residential Street Address 6 Culver St	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Asst Tax Collector	Name of Employer Borough of Naugatuck	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
<hr/>					
Last Name STARZISKI	First Name RITA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2049	Amount of Contribution
Residential Street Address 69 Hill St	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
<hr/>					
Last Name Taf	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2051	Amount of Contribution
Residential Street Address 219 Margaret Cir	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name wood	First Name richard	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2056	Amount of Contribution
Residential Street Address 62 Avalon Cir	City Waterbury	State CT	Zip Code 06710	Date Received 12/10/2009		
Principal Occupation Tax Pro	Name of Employer HR Block	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00
Last Name Yochum	First Name PJ	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 # 2057	Amount of Contribution
Residential Street Address 41 Boulevard	City Newtown	State CT	Zip Code 06470	Date Received 12/10/2009		
Principal Occupation Counselor	Name of Employer Weraceld Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00
Last Name Boyko	First Name Michele	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 # 1991	Amount of Contribution
Residential Street Address 86 Prospect St	City Bristol	State CT	Zip Code 06010	Date Received 12/10/2009		
Principal Occupation None	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00
Last Name Hopkins	First Name James	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2013	Amount of Contribution
Residential Street Address 94 Treble Rd	City Bristol	State CT	Zip Code 06010	Date Received 12/10/2009		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Holden	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2012	Amount of Contribution
Residential Street Address 299 Robertson St	City Bristol	State CT	Zip Code 06010	Date Received 12/10/2009	
Principal Occupation Teacher	Name of Employer Chase Collegiate School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
<hr/>					
Last Name Brennan	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1992	Amount of Contribution
Residential Street Address 35 Trout Brook Rd	City Cheshire	State CT	Zip Code 06410	Date Received 12/10/2009	
Principal Occupation Attorney	Name of Employer Brennan & Issac	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
<hr/>					
Last Name Bhadun	First Name Punyada	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 # 1988	Amount of Contribution
Residential Street Address 226 Porter Ave	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
<hr/>					
Last Name McCarthy	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2026	Amount of Contribution
Residential Street Address 48 Hamilton Ave	City Watertown	State CT	Zip Code 06795	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Hoffstatter	First Name Ted	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 # 2011	Amount of Contribution
Residential Street Address 201 Deer Run Rd	City Wilton	State CT	Zip Code 06897	Date Received 12/10/2009	
Principal Occupation Teacher	Name of Employer Wilton Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$55.00	\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Hutchinson	First Name Sarah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2015	Amount of Contribution
Residential Street Address 153 Rockwell Rd	City Bethel	State CT	Zip Code 06801	Date Received 12/10/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Dean	First Name Lilla	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2001	Amount of Contribution
Residential Street Address 14 Old Hawleyville Rd	City Hawleyville	State CT	Zip Code 06440	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Nelson	First Name Elliot	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2034	Amount of Contribution
Residential Street Address 39 Ridgewood St	City Bristol	State CT	Zip Code 06010	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$50.00	\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Allen	First Name Douglas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1981	Amount of Contribution
Residential Street Address 96 Campville Rd	City Northfield	State CT	Zip Code 06778	Date Received 12/10/2009	
Principal Occupation Lineman	Name of Employer CL&P	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mihalakos	First Name Athan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2027	Amount of Contribution
Residential Street Address 261 Pierpont Rd	City Waterbury	State CT	Zip Code 06705	Date Received 12/10/2009	
Principal Occupation Attorney	Name of Employer Willianger Willianger Bocci	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$400.00	\$100.00
Last Name Napoli	First Name Ron	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2033	Amount of Contribution
Residential Street Address 70 Trumpet Brook Rd	City Waterbury	State CT	Zip Code 06708	Date Received 12/10/2009	
Principal Occupation Labor	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Vance	First Name J.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2054	Amount of Contribution
Residential Street Address 31 Greenleaf Ave	City Waterbury	State CT	Zip Code 06705	Date Received 12/10/2009	
Principal Occupation State Trooper	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rupaka	First Name Jason	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2044	Amount of Contribution
Residential Street Address 11 Strong Ct	City Plainville	State CT	Zip Code 06062	Date Received 12/10/2009	
Principal Occupation Insurance	Name of Employer AFLAC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nelson	First Name Phillip	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2035	Amount of Contribution
Residential Street Address 47 Bigelow Rd	City New Fairfield	State CT	Zip Code 06812	Date Received 12/10/2009	
Principal Occupation Principal	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$100.00
Last Name Vance	First Name J.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2055	Amount of Contribution
Residential Street Address 827 Oronoke Rd	City Waterbury	State CT	Zip Code 06708	Date Received 12/10/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sedlack	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2047	Amount of Contribution
Residential Street Address 103 Indian Meadow Dr	City Winsted	State CT	Zip Code 06098	Date Received 12/10/2009	
Principal Occupation Supervisor	Name of Employer St. Joseph College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Berkmoes	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1987	Amount of Contribution
Residential Street Address 25 S Vernondale Dr	City Southington	State CT	Zip Code 06489	Date Received 12/10/2009	
Principal Occupation Executive VP	Name of Employer James T. Kay Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Festa	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2005	Amount of Contribution
Residential Street Address 7 Carriage Dr	City Terryville	State CT	Zip Code 06786	Date Received 12/10/2009	
Principal Occupation Mayor	Name of Employer Town of Plymouth	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$50.00
Last Name Suchinski	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2050	Amount of Contribution
Residential Street Address 8 Oakwood Cir	City Bristol	State CT	Zip Code 06010	Date Received 12/10/2009	
Principal Occupation Office Manager	Name of Employer Mackson Mfg	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00	\$35.00
Last Name Jaff	First Name Jennifer	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 # 2017	Amount of Contribution
Residential Street Address 18 Timberline Dr	City Farmington	State CT	Zip Code 06032	Date Received 12/10/2009	
Principal Occupation Attorney	Name of Employer Advocacy for Patients with Chronic Illness INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Salvatore	First Name Shirley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2046	Amount of Contribution
Residential Street Address 159 Fern Hill Rd	City Bristol	State CT	Zip Code 06010	Date Received 12/10/2009	
Principal Occupation Receptionist	Name of Employer Metallics	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Raczowski	First Name Diana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2043	Amount of Contribution
Residential Street Address 1042 May St	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Secretary	Name of Employer City of Waterbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Obst	First Name Jim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2038	Amount of Contribution
Residential Street Address 191 Eno Ave	City Torrington	State CT	Zip Code 06790	Date Received 12/10/2009	
Principal Occupation Education	Name of Employer CJR	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name McCarthy	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 # 2025	Amount of Contribution
Residential Street Address 40 Maple Ave	City Wolcott	State CT	Zip Code 06716	Date Received 12/10/2009	
Principal Occupation None	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Howe	First Name Sheila	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2014	Amount of Contribution
Residential Street Address 96 Teresa Dr	City Wolcott	State CT	Zip Code 06716	Date Received 12/10/2009	
Principal Occupation Deputy ROV	Name of Employer Town of Wolcott	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Brouillette	First Name Gailann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1994	Amount of Contribution
Residential Street Address 60 Fairview Ave	City Naugatuck	State CT	Zip Code 06770	Date Received 12/10/2009	
Principal Occupation Banker	Name of Employer Chase Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Gagas	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2006	Amount of Contribution
Residential Street Address 128 Highwood Rd	City Waterbury	State CT	Zip Code 06708	Date Received 12/10/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Glass	First Name Jonathan	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 # 2007	Amount of Contribution
Residential Street Address 49 Breezmont Ave	City Riverside	State CT	Zip Code 06878	Date Received 12/10/2009	
Principal Occupation Managing Director of Equity Group	Name of Employer GE Equity	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name NIESTEMSKI	First Name JOYCE	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2036	Amount of Contribution
Residential Street Address 123 Chestnut Tree Hill Road Ext	City Oxford	State CT	Zip Code 06478	Date Received 12/10/2009	
Principal Occupation Teacher	Name of Employer Regional School Dist 15	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Bosco	First Name Sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1990	Amount of Contribution
Residential Street Address 167 Upper Whittemore Rd	City Middlebury	State CT	Zip Code 06762	Date Received 12/10/2009	
Principal Occupation HR Officer	Name of Employer Nutmeg Financial MHC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00
Last Name Tully	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2052	Amount of Contribution
Residential Street Address 20 Cedar Spring Rd	City Burlington	State CT	Zip Code 06013	Date Received 12/10/2009	
Principal Occupation Attorney	Name of Employer Kilbourne & TULLY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$475.00	\$100.00
Last Name Tully	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2053	Amount of Contribution
Residential Street Address 20 Cedar Spring Rd	City Burlington	State CT	Zip Code 06013	Date Received 12/10/2009	
Principal Occupation Consultant/Realtor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12102009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Post	First Name Connie	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 # 2059	Amount of Contribution
Residential Street Address 25 Charles Mary Dr	City Middletown	State CT	Zip Code 06457	Date Received 12/13/2009	
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"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	\$30.00
Last Name Merchan	First Name Nelson	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 # 2058	Amount of Contribution
Residential Street Address PO Box 2714	City Danbury	State CT	Zip Code 06813	Date Received 12/13/2009	
Principal Occupation Internet Marketing	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Altschuler	First Name Richard	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 # 2063	Amount of Contribution
Residential Street Address 509 Campbell Ave	City West Haven	State CT	Zip Code 06516	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Andrews	First Name Janet	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 # 2064	Amount of Contribution
Residential Street Address 311 Ridgefield St	City Hartford	State CT	Zip Code 06112	Date Received 12/15/2009	
Principal Occupation Acct	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Antunes	First Name Gerald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2065	Amount of Contribution
Residential Street Address 195 Weybosset St	City New Haven	State CT	Zip Code 06513	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Baldelli	First Name Ray	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2070	Amount of Contribution
Residential Street Address 269 Ogden St	City New Haven	State CT	Zip Code 06511	Date Received 12/15/2009	
Principal Occupation Realtor	Name of Employer H Pearce Real Estate	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Ballard	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2071	Amount of Contribution
Residential Street Address 1520 Long Hill Rd	City Guilford	State CT	Zip Code 06437	Date Received 12/15/2009	
Principal Occupation Office Manager	Name of Employer Meyers Harrison & Pia LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Ballard	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2072	Amount of Contribution
Residential Street Address 1520 Long Hill Rd	City Guilford	State CT	Zip Code 06437	Date Received 12/15/2009	
Principal Occupation None	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Capozzi	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2075	Amount of Contribution
Residential Street Address 69 Meeting House Hill Rd	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Information Technology	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Conroy	First Name Theresa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2081	Amount of Contribution
Residential Street Address 177 Skokorat St	City Seymour	State CT	Zip Code 06783	Date Received 12/15/2009	
Principal Occupation Legislator	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Cretella	First Name Priscilla	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2082	Amount of Contribution
Residential Street Address 66 West Rd	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/15/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 DeCusati	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2084	Amount of Contribution
Residential Street Address 2 Samoset Ave	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation CPA	Name of Employer Meyers, Harrison & Pia LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name DESIR	First Name DEBORAH	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2085	Amount of Contribution
Residential Street Address 11 Zak Hill Dr	City Woodbridge	State CT	Zip Code 06525	Date Received 12/15/2009	
Principal Occupation Physician	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Devaux	First Name Catherine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2086	Amount of Contribution
Residential Street Address 126 Wheeler Hill Dr	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Feducia	First Name Sheryl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2091	Amount of Contribution
Residential Street Address 2 Bonna St	City Beacon Falls	State CT	Zip Code 06043	Date Received 12/15/2009	
Principal Occupation Social Worker	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Fucci	First Name Albert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2094	Amount of Contribution
Residential Street Address 20 Jardin Dr	City East Haven	State CT	Zip Code 06513	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Gambardella	First Name Philomena	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2095	Amount of Contribution
Residential Street Address 40 Washington Ave	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Goldberg	First Name Leonard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2096	Amount of Contribution
Residential Street Address 64 Van Rose Dr	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation Contractor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Gorski	First Name Derrylyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2098	Amount of Contribution
Residential Street Address 10 Old Fairwood Road Ext .	City Bethany	State CT	Zip Code 06524	Date Received 12/15/2009	
Principal Occupation First Selectwoman	Name of Employer Town of Bethany	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Harewood	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2103	Amount of Contribution
Residential Street Address 39 Lydia St	City West Haven	State CT	Zip Code 06513	Date Received 12/15/2009	
Principal Occupation Adjunct Professor	Name of Employer Quinnipiac University/University of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Harrison	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2104	Amount of Contribution
Residential Street Address 280 Linden Ave	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation CPA	Name of Employer Meyers, Harrison & Pia LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Harrison	First Name Randy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2105	Amount of Contribution
Residential Street Address 7 Zak Hill Dr	City Woodbridge	State CT	Zip Code 06525	Date Received 12/15/2009	
Principal Occupation CPA	Name of Employer Meyers Harrison & Pia LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Inho	First Name Sergio	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2108	Amount of Contribution
Residential Street Address 12 Reiman Dr	City Cromwell	State CT	Zip Code 06416	Date Received 12/15/2009	
Principal Occupation License Agent	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Janis	First Name Christine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2109	Amount of Contribution
Residential Street Address 88 Summerhill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 12/15/2009	
Principal Occupation Public Defender	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kapsis	First Name Marjorie	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 # 2112	Amount of Contribution
Residential Street Address 164 Valley View Dr	City Meriden	State CT	Zip Code 06450	Date Received 12/15/2009	
Principal Occupation Eligibility Worker	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Klick	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2113	Amount of Contribution
Residential Street Address PO Box 54	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation State Marshall	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kozak	First Name Ruth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2115	Amount of Contribution
Residential Street Address 12 Winthrop Rd	City Gales Ferry	State CT	Zip Code 06335	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Lemons	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2116	Amount of Contribution
Residential Street Address 23 Whalers Pt	City East Haven	State CT	Zip Code 06512	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Madlow	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 # 2123	Amount of Contribution
Residential Street Address 8 Bailey Rd	City Andover	State CT	Zip Code 06232	Date Received 12/15/2009	
Principal Occupation Project Manager	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Martin	First Name Carol	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 # 2125	Amount of Contribution
Residential Street Address 45 Kenmore	City Milford	State CT	Zip Code 06460	Date Received 12/15/2009	
Principal Occupation President	Name of Employer T.A.B.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name McKenzie	First Name Kathryn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2127	Amount of Contribution
Residential Street Address 17 Glenn Rd	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Miller	First Name Judy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2129	Amount of Contribution
Residential Street Address 38 Ridge Acres Rd	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Myjak	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2130	Amount of Contribution
Residential Street Address 93 Cherry Hill Rd	City Rockfall	State CT	Zip Code 06481	Date Received 12/15/2009	
Principal Occupation Construction	Name of Employer SBA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Orr	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2135	Amount of Contribution
Residential Street Address 344 Willow St	City New Haven	State CT	Zip Code 06511	Date Received 12/15/2009	
Principal Occupation Architect	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Page	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2137	Amount of Contribution
Residential Street Address 621 Smith Ave	City New Haven	State CT	Zip Code 06513	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Pakutka	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2138	Amount of Contribution
Residential Street Address 38 Totoket Rd	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation Executive	Name of Employer The Crescent Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Pia	First Name Kelly	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2142	Amount of Contribution
Residential Street Address 34 Washington St Fl 3	City Wallingford	State CT	Zip Code 06492	Date Received 12/15/2009	
Principal Occupation Admin Assistant	Name of Employer Meyers Harrison & Pia LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Scala	First Name Anna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2150	Amount of Contribution
Residential Street Address 435 Warner Hill Rd	City Stratford	State CT	Zip Code 06014	Date Received 12/15/2009	
Principal Occupation Business Owner	Name of Employer Anna's of Stratford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Stevens	First Name Laurie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2154	Amount of Contribution
Residential Street Address 164 Skeet Club Rd	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name STEWART	First Name ODELL	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2155	Amount of Contribution
Residential Street Address 107 Tanglewood Dr	City Hamden	State CT	Zip Code 06518	Date Received 12/15/2009	
Principal Occupation Insurance Sales	Name of Employer New York Life	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Trachten	First Name Murray	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2160	Amount of Contribution
Residential Street Address 8 Edgemore Rd	City Hamden	State CT	Zip Code 06517	Date Received 12/15/2009	
Principal Occupation Lawyer	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name White	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2162	Amount of Contribution
Residential Street Address 25 Riverview Rd	City Westbrook	State CT	Zip Code 06498	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Zollo	First Name Marion	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2165	Amount of Contribution
Residential Street Address 126 Highland Ave	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Hussaini	First Name Asif	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2106	Amount of Contribution
Residential Street Address 138 Liberty St	City Clinton	State CT	Zip Code 06413	Date Received 12/15/2009	
Principal Occupation Multi Unit Subway Franchisee	Name of Employer Subway	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Berch	First Name Todd	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2073	Amount of Contribution
Residential Street Address 1646 Country Club Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation Steam Fitter	Name of Employer United Assoc. of Steamfitters Local 777	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Osach	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2136	Amount of Contribution
Residential Street Address 12 Richmond Sweet Dr	City Woodbridge	State CT	Zip Code 06525	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Silverstein & Osach, PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Foley	First Name Micheal	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2093	Amount of Contribution
Residential Street Address 820 N Brooksvale Rd	City Cheshire	State CT	Zip Code 06410	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Workman	First Name Jean	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2164	Amount of Contribution
Residential Street Address 238 Seymour Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Chamenko	First Name Alexandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2077	Amount of Contribution
Residential Street Address 178 Lopus Rd	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/15/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Cable	First Name Susan	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 # 2074	Amount of Contribution
Residential Street Address 196 Blackberry Hill Rd	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Ngo	First Name Shawne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2132	Amount of Contribution
Residential Street Address 68 Chelsea Ct	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation RN, DNS	Name of Employer Salmon Brook	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$50.00
Last Name Santiago	First Name Braulio	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2149	Amount of Contribution
Residential Street Address 9 Laurel Brook Rd	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Ex Director of Education	Name of Employer Mashantucket Pequot Tribal Nation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Clark	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2080	Amount of Contribution
Residential Street Address 111 Hartley St	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation Assistant State's Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$25.00
Last Name McCarthy	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 # 2126	Amount of Contribution
Residential Street Address 40 Maple Ave	City Wolcott	State CT	Zip Code 06716	Date Received 12/15/2009	
Principal Occupation None	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Spader	First Name Walter	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 # 2153	Amount of Contribution
Residential Street Address 15 Leighton Ct	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Marcus Law Firm	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Logan	First Name Dorothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2118	Amount of Contribution
Residential Street Address 2065 Hartford Tpke	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation Teacher	Name of Employer North Haven BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Logan	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2119	Amount of Contribution
Residential Street Address 2065 Hartford Tpke	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation Retail	Name of Employer Barnes & Noble	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Stull	First Name Philip	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2156	Amount of Contribution
Residential Street Address 115 Roast Meat Hill Rd	City Killingworth	State CT	Zip Code 06419	Date Received 12/15/2009	
Principal Occupation Horse Farmer	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$25.00
Last Name Drew	First Name Dan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2087	Amount of Contribution
Residential Street Address 826 Long Hill Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation Academic Grants Writer	Name of Employer Sacred Heart University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$25.00
Last Name LUBY	First Name ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2122	Amount of Contribution
Residential Street Address 330 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 12/15/2009	
Principal Occupation City EMT	Name of Employer City of Bridgeport	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Grava	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2101	Amount of Contribution
Residential Street Address 330 S Main St	City Wallingford	State CT	Zip Code 06492	Date Received 12/15/2009	
Principal Occupation Adj Prof	Name of Employer UConn	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Jatlow	First Name Stephanie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2110	Amount of Contribution
Residential Street Address 617 Saddle Ridge Rd	City Orange	State CT	Zip Code 06477	Date Received 12/15/2009	
Principal Occupation Volunteer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Lowell	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2121	Amount of Contribution
Residential Street Address 61 Surrey Dr	City Meriden	State CT	Zip Code 06451	Date Received 12/15/2009	
Principal Occupation Administrator	Name of Employer Hunter's Ambulance Service, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nathanson	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2131	Amount of Contribution
Residential Street Address 36 Jackson Rd	City Hamden	State CT	Zip Code 06517	Date Received 12/15/2009	
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Augur	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2066	Amount of Contribution
Residential Street Address 385 Jackson Hill Rd	City Middlefield	State CT	Zip Code 06455	Date Received 12/15/2009	
Principal Occupation Staff Attorney	Name of Employer Investors Legal Assistance Program	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$375.00	\$75.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Wilson	First Name Eileen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2163	Amount of Contribution
Residential Street Address 395 Pilgrim Ln	City Stratford	State CT	Zip Code 06614	Date Received 12/15/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$50.00	\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Liska	First Name Joan	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 # 2117	Amount of Contribution
Residential Street Address 467R Kelsey St	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation Insurance	Name of Employer Guilford Spec Grp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$150.00	\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Almon	First Name April	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2062	Amount of Contribution
Residential Street Address 279 Barberry Rd	City East Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation Mayor	Name of Employer City of East Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Goldblatt	First Name Mitchell	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2097	Amount of Contribution
Residential Street Address 291 Drummond Rd	City Orange	State CT	Zip Code 06477	Date Received 12/15/2009	
Principal Occupation Director of Human Resources	Name of Employer Town of Guilford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	\$25.00
Last Name Russo	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2147	Amount of Contribution
Residential Street Address 78 Hawks Nest Cir	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	\$25.00
Last Name Albis	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2060	Amount of Contribution
Residential Street Address 23 Edward St	City East Haven	State CT	Zip Code 06512	Date Received 12/15/2009	
Principal Occupation Attorney/Probate Judge	Name of Employer Hilcoff, Albis LLC/East Haven Probate Court	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	\$100.00
Last Name RUOCO	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 # 2146	Amount of Contribution
Residential Street Address 74 Bennett Rd	City East Haven	State CT	Zip Code 06513	Date Received 12/15/2009	
Principal Occupation Electrician	Name of Employer IBEW Local 90	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Russo	First Name Judy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2148	Amount of Contribution
Residential Street Address 78 Hawks Nest Cir	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$25.00
Last Name Tommasi	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2159	Amount of Contribution
Residential Street Address 116 Hunting Hill Ave	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation DRV	Name of Employer City of Middletown	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$25.00
Last Name Singh	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2152	Amount of Contribution
Residential Street Address 111 Adams St	City Stratford	State CT	Zip Code 06615	Date Received 12/15/2009	
Principal Occupation Business Owner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Albrecht	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2061	Amount of Contribution
Residential Street Address 86 Cow Hill Rd	City Killingworth	State CT	Zip Code 06419	Date Received 12/15/2009	
Principal Occupation State Marshall	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Falzone	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2089	Amount of Contribution
Residential Street Address 195 Lasky Rd	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/15/2009	
Principal Occupation Owner-Manager	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Avtible	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2069	Amount of Contribution
Residential Street Address 137 Northford Rd	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Avtible	First Name Jay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2068	Amount of Contribution
Residential Street Address 137 Northford Rd	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation Chief Information Officer	Name of Employer Wright Investors Service	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$50.00
Last Name Carmody	First Name Samuel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2076	Amount of Contribution
Residential Street Address 210 High St	City Wallingford	State CT	Zip Code 06492	Date Received 12/15/2009	
Principal Occupation Registrar of Voters	Name of Employer Town of Wallingford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Criscuolo	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2083	Amount of Contribution
Residential Street Address 15 Fawn Ridge Dr	City North Haven	State CT	Zip Code 06473	Date Received 12/15/2009	
Principal Occupation State Marshal	Name of Employer State of CT.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Juliano	First Name Jerry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2111	Amount of Contribution
Residential Street Address 5 Bittersweet Dr	City North Branford	State CT	Zip Code 06471	Date Received 12/15/2009	
Principal Occupation State Marshal	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Phipps	First Name Quintin	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 # 2141	Amount of Contribution
Residential Street Address 70 Andrew St	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation Banker	Name of Employer Guilford Savings Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00
Last Name Richards	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2143	Amount of Contribution
Residential Street Address 73 Old Marlborough Tpke	City Portland	State CT	Zip Code 06480	Date Received 12/15/2009	
Principal Occupation Acct Manager	Name of Employer Henkels & McCay Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Iino	First Name Catherine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2107	Amount of Contribution
Residential Street Address 332 Route 148	City Killingworth	State CT	Zip Code 06419	Date Received 12/15/2009	
Principal Occupation First Selectman	Name of Employer Town of Killingworth	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pearson	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2139	Amount of Contribution
Residential Street Address 281 Bittersweet Rd	City Orange	State CT	Zip Code 06477	Date Received 12/15/2009	
Principal Occupation Ins Agent	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hall	First Name Matt	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2102	Amount of Contribution
Residential Street Address 445 Wallingford Rd	City Cheshire	State CT	Zip Code 06410	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Law Offices of Matthew Hall LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Grace	First Name Edmund	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2099	Amount of Contribution
Residential Street Address 45 Cedar Ln	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/15/2009	
Principal Occupation None	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Grace	First Name Katherine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2100	Amount of Contribution
Residential Street Address 45 Cedar Ln	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/15/2009	
Principal Occupation Registrar	Name of Employer Town of Beacon Falls	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Knapp	First Name Pamela	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2114	Amount of Contribution
Residential Street Address 95 Beckett Ave	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation Business Office Manager	Name of Employer Talmadge Park Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name SCHWALL	First Name ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2151	Amount of Contribution
Residential Street Address 95 Beckett Ave	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation Engineer	Name of Employer Battery Studios/Sony	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00
Last Name Vicino	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2161	Amount of Contribution
Residential Street Address 92 Carter Hill Rd	City Clinton	State CT	Zip Code 06413	Date Received 12/15/2009	
Principal Occupation Owner	Name of Employer Sapient	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name McLaughlin	First Name Ona	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2128	Amount of Contribution
Residential Street Address 308 Main St	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Rohde	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2145	Amount of Contribution
Residential Street Address 30 Tunxis Cir	City Meriden	State CT	Zip Code 06450	Date Received 12/15/2009	
Principal Occupation Mayor	Name of Employer City of Meriden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Edwards	First Name Renee	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2088	Amount of Contribution
Residential Street Address 29 Evergreen Ter	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Documentation	Name of Employer Bristol-Myers Squibb	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Clark	First Name Elmer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2079	Amount of Contribution
Residential Street Address 20 Clark Rd	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Flanagan	First Name Dorothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2092	Amount of Contribution
Residential Street Address 700R Haddam Quarter Rd	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Swofford	First Name Sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2157	Amount of Contribution
Residential Street Address 147 Pheasant Ln	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation RN	Name of Employer United Healthcare	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Chapman-Carbone	First Name Gail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2078	Amount of Contribution
Residential Street Address 35 Peddlers Dr	City Branford	State CT	Zip Code 06405	Date Received 12/15/2009	
Principal Occupation Management	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Farina	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2090	Amount of Contribution
Residential Street Address 27 Huntington St	City Manchester	State CT	Zip Code 06040	Date Received 12/15/2009	
Principal Occupation Professor	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Long	First Name Betty	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2120	Amount of Contribution
Residential Street Address 949 New Haven Rd	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Robiner	First Name Stephanie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2144	Amount of Contribution
Residential Street Address 857 Haddam Quarter Rd	City Durham	State CT	Zip Code 06422	Date Received 12/15/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Pelletier	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2140	Amount of Contribution
Residential Street Address 319 Pine St	City Middletown	State CT	Zip Code 06457	Date Received 12/15/2009	
Principal Occupation Stovekeeper	Name of Employer CCSU	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Avallone	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2067	Amount of Contribution
Residential Street Address 1 Ashford Ct	City Wallingford	State CT	Zip Code 06492	Date Received 12/15/2009	
Principal Occupation Attorney	Name of Employer Avallone & Avallone	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Okrent	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2134	Amount of Contribution
Residential Street Address 11 Prince Dr	City Bethany	State CT	Zip Code 06524	Date Received 12/15/2009	
Principal Occupation Project Manager	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Taylor	First Name Kate	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2158	Amount of Contribution
Residential Street Address 66 Derby Ave	City Orange	State CT	Zip Code 06477	Date Received 12/15/2009	
Principal Occupation RN	Name of Employer New England Home Care	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Noonan	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2133	Amount of Contribution
Residential Street Address 66 Derby Ave	City Orange	State CT	Zip Code 06477	Date Received 12/15/2009	
Principal Occupation General Manager	Name of Employer Lend A Hand	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Marcone	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2124	Amount of Contribution
Residential Street Address 275 Luanne Rd	City Stratford	State CT	Zip Code 06614	Date Received 12/15/2009	
Principal Occupation Registrar of Voters	Name of Employer Town of Stratford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12152009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Morrison	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 # 2196	Amount of Contribution
Residential Street Address 1692 Whitney Ave	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Project Director	Name of Employer Wing STC Project	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$50.00
Last Name Schomaker	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2206	Amount of Contribution
Residential Street Address 22 Lilac Ave	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Dept. Administrator	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Gorman	First Name Benjamin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2181	Amount of Contribution
Residential Street Address 270 Willow St	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Kennelly	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 # 2186	Amount of Contribution
Residential Street Address 553 Pine Rock Ave	City Hamden	State CT	Zip Code 06514	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Mike	First Name Joe	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2194	Amount of Contribution
Residential Street Address 48 Lardner Rd	City Bristol	State CT	Zip Code 06010	Date Received 12/16/2009	
Principal Occupation Assoc Man	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mackenstein	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2190	Amount of Contribution
Residential Street Address 29 Westcott Rd	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Teacher	Name of Employer Hamden Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Marinero	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2191	Amount of Contribution
Residential Street Address 46 Allikat Way	City East Haven	State CT	Zip Code 06513	Date Received 12/16/2009	
Principal Occupation Teacher	Name of Employer Hamden Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Villano	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2213	Amount of Contribution
Residential Street Address 133 Armory St	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Legislator	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Migliaro	First Name Gerald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2193	Amount of Contribution
Residential Street Address 35 Rockview Rd	City Hamden	State CT	Zip Code 06514	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Zoppo	First Name Ellen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2216	Amount of Contribution
Residential Street Address 58 Merriman St	City Bristol	State CT	Zip Code 06010	Date Received 12/16/2009	
Principal Occupation Director	Name of Employer Bristol Boys & Girls Club	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$100.00
Last Name ACETO	First Name ROBERT	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2166	Amount of Contribution
Residential Street Address 100 Hampton Rd	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Marshall	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pascarella	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2201	Amount of Contribution
Residential Street Address 49 Stratton Ct	City Hamden	State CT	Zip Code 06514	Date Received 12/16/2009	
Principal Occupation Ins Agent	Name of Employer Orange Insurance Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Morton	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2197	Amount of Contribution
Residential Street Address 24 Wilkins St	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Noble	First Name Carol	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2198	Amount of Contribution
Residential Street Address 9 Shepard Hill Rd	City Hamden	State CT	Zip Code 06514	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Stratton	First Name Eileen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2212	Amount of Contribution
Residential Street Address 208 Garvin Rd	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hayes	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2183	Amount of Contribution
Residential Street Address 357 Mill Rock Rd	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Real Estate	Name of Employer S & L Property Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Brown	First Name Oswald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2167	Amount of Contribution
Residential Street Address 67 Long Meadow Ave	City Hamden	State CT	Zip Code 06514	Date Received 12/16/2009	
Principal Occupation Manager	Name of Employer Advanced Lift	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$175.00
Last Name May	First Name Al	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2192	Amount of Contribution
Residential Street Address 111 Spring Garden St	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Fundraiser	Name of Employer Christian Community Action	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dove	First Name Henry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2177	Amount of Contribution
Residential Street Address 137 Santa Fe Ave	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Health Care Consultant	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Leng	First Name Curtis	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 # 2188	Amount of Contribution
Residential Street Address 31 Smith Dr	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation CAO	Name of Employer Town of Hamden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name D'Andrea	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2175	Amount of Contribution
Residential Street Address 15 Leatherman Trl	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name D'Agostino	First Name Catherine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2173	Amount of Contribution
Residential Street Address 6 Barrett Hill Rd	City Brooklyn	State CT	Zip Code 06234	Date Received 12/16/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name D'Agostino	First Name Jules	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2174	Amount of Contribution
Residential Street Address 6 Barrett Hill Rd	City Brooklyn	State CT	Zip Code 06234	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Grant	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2182	Amount of Contribution
Residential Street Address 100 Lucien Dr	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Sales	Name of Employer ATI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Coleman	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2171	Amount of Contribution
Residential Street Address 57 Swarthmore St	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Arts Coordinator	Name of Employer Town of Hamden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Rosenberg	First Name Gene	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 # 2203	Amount of Contribution
Residential Street Address 28 Pinnacle Mountain Rd	City Simsbury	State CT	Zip Code 06070	Date Received 12/16/2009	
Principal Occupation Founder	Name of Employer Gene Rosenberg and Associates, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Garrett	First Name Daniel	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 # 2179	Amount of Contribution
Residential Street Address 47 Andover Rd	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Property Manager	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Garrett	First Name Lauren	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 # 2180	Amount of Contribution
Residential Street Address 47 Andover Rd	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Stay at Home Mom	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Lyons	First Name Janet	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2189	Amount of Contribution
Residential Street Address 1199 Whitney Ave # 408	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Teacher	Name of Employer Valley Educ Staffing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$175.00	\$100.00
Last Name Kops	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2187	Amount of Contribution
Residential Street Address 55 Brinsmade Rd	City Hamden	State CT	Zip Code 06514	Date Received 12/16/2009	
Principal Occupation Planner	Name of Employer Town of Hamden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Charneski	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2170	Amount of Contribution
Residential Street Address 125 Linden St	City Plainville	State CT	Zip Code 06062	Date Received 12/16/2009	
Principal Occupation Acting Finance Director	Name of Employer Town of Hamden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Conway	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2172	Amount of Contribution
Residential Street Address 244 Dorrance St	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Dolan	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2176	Amount of Contribution
Residential Street Address 100 Adla Dr	City Hamden	State CT	Zip Code 06514	Date Received 12/16/2009	
Principal Occupation Attorney	Name of Employer Dolan & Luzzi	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fiedler	First Name Michael	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 # 2178	Amount of Contribution
Residential Street Address 29 Washington Ave Ste 5	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009	
Principal Occupation Environmental Consultant	Name of Employer Woodard & Curran	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Henrici	First Name Ken	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2184	Amount of Contribution
Residential Street Address 27 Regency Dr	City North Haven	State CT	Zip Code 06473	Date Received 12/16/2009	
Principal Occupation Supt of Schools	Name of Employer Region #11 BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Julianelle	First Name Richard	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 # 2185	Amount of Contribution
Residential Street Address 66 Manor Dr	City North Haven	State CT	Zip Code 06473	Date Received 12/16/2009	
Principal Occupation Management	Name of Employer A & P	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Molloy</b>	First Name <b>Joan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>2195</b>	Amount of Contribution
Residential Street Address <b>821 Marion Rd</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06510</b>	Date Received <b>12/16/2009</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Loughlin Fitzgerald</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12162009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Palmieri</b>	First Name <b>Frank</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>2199</b>	Amount of Contribution
Residential Street Address <b>107 Dundee Dr</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410</b>	Date Received <b>12/16/2009</b>	
Principal Occupation <b>Ast Mgr</b>	Name of Employer <b>A &amp; P</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12162009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Panzo</b>	First Name <b>Lorraine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>2200</b>	Amount of Contribution
Residential Street Address <b>1125 W Woods Rd</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06518</b>	Date Received <b>12/16/2009</b>	
Principal Occupation <b>Housewife</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12162009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Riccio</b>	First Name <b>Andrew</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>2202</b>	Amount of Contribution
Residential Street Address <b>1960 Hartford Tpke</b>	City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473</b>	Date Received <b>12/16/2009</b>	
Principal Occupation <b>NSDE Technician</b>	Name of Employer <b>AT&amp;T</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>12162009A</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Russo	First Name William	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2204	Amount of Contribution
Residential Street Address 1450 Mr Carmel Ave	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009		
Principal Occupation Business Owner	Name of Employer NAPA New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Last Name Scarpo	First Name Henry	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 # 2205	Amount of Contribution
Residential Street Address 31 Red Rock Ter	City Hamden	State CT	Zip Code 06514	Date Received 12/16/2009		
Principal Occupation Business Owner	Name of Employer HP Scarpo & Son	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Last Name Schuler	First Name Kate	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 # 2207	Amount of Contribution
Residential Street Address 83 Woodpond Rd	City West Hartford	State CT	Zip Code 06107	Date Received 12/16/2009		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Last Name Secola	First Name Carl	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 # 2208	Amount of Contribution
Residential Street Address 3 Deer Hill Rd	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009		
Principal Occupation Attorney	Name of Employer Kinney & Secola	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Sendroff	First Name Adam	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2209	Amount of Contribution
Residential Street Address 45 Augur St	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009		
Principal Occupation Publisher	Name of Employer Taylor & Francis	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						\$100.00
Last Name Smith	First Name Julie	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 # 2210	Amount of Contribution
Residential Street Address 154 Hampshire Dr	City Hamden	State CT	Zip Code 06518	Date Received 12/16/2009		
Principal Occupation Dep Chief Admin Officer	Name of Employer Town of Hamden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						\$100.00
Last Name Smyth	First Name Timothy	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 # 2211	Amount of Contribution
Residential Street Address 64 Middlebrook Rd	City West Hartford	State CT	Zip Code 06119	Date Received 12/16/2009		
Principal Occupation Lawyer	Name of Employer Bingham McCutchen LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						\$100.00
Last Name Wenzel	First Name Heather	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 # 2214	Amount of Contribution
Residential Street Address 3 Deer Path	City Rocky Hill	State CT	Zip Code 06067	Date Received 12/16/2009		
Principal Occupation Attorney	Name of Employer Bingham McCutchen	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Wormser	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2215	Amount of Contribution
Residential Street Address 85 Bedford Ave	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation MD	Name of Employer CMG	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Carusone	First Name Sylvia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2168	Amount of Contribution
Residential Street Address 120 Daniel Ave	City Hamden	State CT	Zip Code 06517	Date Received 12/16/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Cassella	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2169	Amount of Contribution
Residential Street Address 8 Crowley Dr	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/16/2009	
Principal Occupation Attorney	Name of Employer Cloutier & Cassella	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>12162009A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name ALLARD	First Name REGINALD	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2217	Amount of Contribution
Residential Street Address 350 Rockwood Dr	City Southington	State CT	Zip Code 06489	Date Received 12/17/2009	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Barrett	First Name Jenna	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 # 2218	Amount of Contribution
Residential Street Address 25 Stonehaven Cir	City South Windsor	State CT	Zip Code 06074	Date Received 12/17/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Barrett	First Name Lauren	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 # 2219	Amount of Contribution
Residential Street Address 25 Stonehaven Cir	City South Windsor	State CT	Zip Code 06074	Date Received 12/17/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Biondolillo	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2222	Amount of Contribution
Residential Street Address 9 Sharon Rd	City Bridgeport	State CT	Zip Code 06602	Date Received 12/17/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Bokus	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2223	Amount of Contribution
Residential Street Address 59 Farms Village Rd	City Rocky Hill	State CT	Zip Code 06067	Date Received 12/17/2009	
Principal Occupation Insurance Agent	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Davis	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2226	Amount of Contribution
Residential Street Address 154 Woodchuck Ln	City Harwinton	State CT	Zip Code 06791	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer The Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name EREMITA	First Name MICHAEL	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2230	Amount of Contribution
Residential Street Address 52 Natsisky Farm Rd	City South Windsor	State CT	Zip Code 06074	Date Received 12/17/2009	
Principal Occupation Insurance Agent	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Garlans	First Name Kristen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2232	Amount of Contribution
Residential Street Address 325 Brook St	City Bristol	State CT	Zip Code 06010	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lally	First Name Gwenne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2235	Amount of Contribution
Residential Street Address 14 Jennifer Ln	City Killingworth	State CT	Zip Code 06419	Date Received 12/17/2009	
Principal Occupation Marketing	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Maniatty	First Name Arthur	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2240	Amount of Contribution
Residential Street Address 41 Old Meadow Plain Rd	City Simsbury	State CT	Zip Code 06070	Date Received 12/17/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Melley	First Name Maura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2242	Amount of Contribution
Residential Street Address PO Box 194	City Tenants Harbor	State ME	Zip Code 04860	Date Received 12/17/2009	
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Novelli	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2245	Amount of Contribution
Residential Street Address 32 Cherry Blossom Ln	City Derby	State CT	Zip Code 06484	Date Received 12/17/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Pavano	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2246	Amount of Contribution
Residential Street Address 32 Dean Dr	City South Glastonbury	State CT	Zip Code 06073	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer Moukawsker and Walsh	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rogers	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2250	Amount of Contribution
Residential Street Address 336 Long Bottom Rd	City Southington	State CT	Zip Code 06489	Date Received 12/17/2009	
Principal Occupation Social Worker	Name of Employer Wheeler Clinic	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sargis	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2251	Amount of Contribution
Residential Street Address 825E Cromwell Ave	City Rocky Hill	State CT	Zip Code 06067	Date Received 12/17/2009	
Principal Occupation Real Estate	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Tuck	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2255	Amount of Contribution
Residential Street Address 38 Anderson Rd	City Sherman	State CT	Zip Code 06784	Date Received 12/17/2009	
Principal Occupation Realtor	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wholley	First Name Kathryn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2256	Amount of Contribution
Residential Street Address 10 Hampton Ct	City South Glastonbury	State CT	Zip Code 06073	Date Received 12/17/2009	
Principal Occupation HR Administrator	Name of Employer Better Bedding Shops, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Mammano</b>	First Name <b>Christine</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>2239</b>	Amount of Contribution
Residential Street Address <b>66 Malletts Ln</b>	City <b>New Milford</b>	State <b>CT</b>	Zip Code <b>06776</b>	Date Received <b>12/17/2009</b>	
Principal Occupation <b>Homemaker</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$375.00</b>	<b>\$375.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$130.00</b>	<b>\$100.00</b>

Last Name <b>Torrenti</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>2254</b>	Amount of Contribution
Residential Street Address <b>5 Whippletree Ln</b>	City <b>Old Lyme</b>	State <b>CT</b>	Zip Code <b>06371</b>	Date Received <b>12/17/2009</b>	
Principal Occupation <b>Insurance Agent</b>	Name of Employer <b>Self-employed</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>Droesch</b>	First Name <b>Gretchen</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>2228</b>	Amount of Contribution
Residential Street Address <b>111 Cemetery Rd</b>	City <b>Canterbury</b>	State <b>CT</b>	Zip Code <b>06331</b>	Date Received <b>12/17/2009</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>None</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor 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>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$130.00</b>	<b>\$100.00</b>

Last Name <b>Bellamy</b>	First Name <b>Janet</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>2220</b>	Amount of Contribution
Residential Street Address <b>11 Sunset Dr</b>	City <b>Ashford</b>	State <b>CT</b>	Zip Code <b>06278</b>	Date Received <b>12/17/2009</b>	
Principal Occupation <b>Occupational Therapist</b>	Name of Employer <b>Therapeutic Enterprises</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$130.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$130.00</b>	<b>\$100.00</b>
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$130.00</b>	<b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name McDowell	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2241	Amount of Contribution
Residential Street Address 35 Old Farms Rd	City Andover	State CT	Zip Code 06232	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer Robinson & Cole	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Leighton	First Name Francine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2236	Amount of Contribution
Residential Street Address 21 Birchview Dr	City Ellington	State CT	Zip Code 06029	Date Received 12/17/2009	
Principal Occupation Clerical	Name of Employer Leighton, Katz & Drapeau	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Rioux	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2249	Amount of Contribution
Residential Street Address 33 Old Canterbury Rd	City Plainfield	State CT	Zip Code 06374	Date Received 12/17/2009	
Principal Occupation Engineer	Name of Employer Electric Boat	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Wickey	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2257	Amount of Contribution
Residential Street Address 28 Pequot Trl	City Westport	State CT	Zip Code 06880	Date Received 12/17/2009	
Principal Occupation Investment Manager	Name of Employer Equinox Investment Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Shipman	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2252	Amount of Contribution
Residential Street Address 83 Kenmore Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer Shipman, Sosensky, & Marks	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Shipman	First Name Sonia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2253	Amount of Contribution
Residential Street Address 83 Kenmore Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 12/17/2009	
Principal Occupation N/A	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 type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Farcus	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2231	Amount of Contribution
Residential Street Address 19 Collingwood Ave	City Fairfield	State CT	Zip Code 06825	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer Sal DePiano	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Loda	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2238	Amount of Contribution
Residential Street Address 27 Osprey Dr	City Seymour	State CT	Zip Code 06483	Date Received 12/17/2009	
Principal Occupation Insurance Sales	Name of Employer Loda Agency, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Glantz	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2233	Amount of Contribution
Residential Street Address 682 Green Hill Rd	City Madison	State CT	Zip Code 06443	Date Received 12/17/2009	
Principal Occupation Administration	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Morante	First Name Rosemary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2244	Amount of Contribution
Residential Street Address 28 Welch St	City Plainville	State CT	Zip Code 06062	Date Received 12/17/2009	
Principal Occupation Administrator	Name of Employer Windsor Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$50.00
Last Name Benigni	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2221	Amount of Contribution
Residential Street Address 30 Daniel Way	City Meriden	State CT	Zip Code 06450	Date Received 12/17/2009	
Principal Occupation Administrator	Name of Employer Cromwell Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wirfel	First Name Kenneth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2258	Amount of Contribution
Residential Street Address 28 Minute Man HI	City Westport	State CT	Zip Code 06880	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Eastwood	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2229	Amount of Contribution
Residential Street Address 178 Waterfall Rd	City Ashford	State CT	Zip Code 06278	Date Received 12/17/2009	
Principal Occupation Homemaker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$100.00
Last Name Deeds	First Name Denese	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2227	Amount of Contribution
Residential Street Address 65 Walnut Tree Hill Rd	City Shelton	State CT	Zip Code 06484	Date Received 12/17/2009	
Principal Occupation Industrial Hygenist	Name of Employer Industrial Health and Safety Consultants Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name DaSilva	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2225	Amount of Contribution
Residential Street Address 157 Kohanza St	City Danbury	State CT	Zip Code 06811	Date Received 12/17/2009	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$100.00
Last Name Cushman	First Name Catherine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2224	Amount of Contribution
Residential Street Address 23 Elizabeth Rd	City Bolton	State CT	Zip Code 06043	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer Conn Legal Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Quattro	First Name Alana	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 # 2247	Amount of Contribution
Residential Street Address 186 High Valley Dr	City Canton	State CT	Zip Code 06019	Date Received 12/17/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Quattro	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2248	Amount of Contribution
Residential Street Address 186 High Valley Dr	City Canton	State CT	Zip Code 06019	Date Received 12/17/2009	
Principal Occupation Housewife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lieberthal	First Name Neil	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2237	Amount of Contribution
Residential Street Address 59 Vixen Rd	City Trumbull	State CT	Zip Code 06611	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer CT Laborers Legal	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$100.00
Last Name Moneymaker	First Name Mary Ellen	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 # 2243	Amount of Contribution
Residential Street Address 276 Stage Coach Rd	City Durham	State CT	Zip Code 06422	Date Received 12/17/2009	
Principal Occupation SAT Tutor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Howell	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2234	Amount of Contribution
Residential Street Address 86 Ash Dr	City Hamden	State CT	Zip Code 06518	Date Received 12/17/2009	
Principal Occupation Driver	Name of Employer VA Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Zdrojeski	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2259	Amount of Contribution
Residential Street Address 47 Papermill Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 12/17/2009	
Principal Occupation Attorney	Name of Employer Robinson and Cole	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
<hr/>					
Last Name Guterman	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 # 2261	Amount of Contribution
Residential Street Address 20 Ethan Dr	City Windsor	State CT	Zip Code 06095	Date Received 12/18/2009	
Principal Occupation Real Estate Broker	Name of Employer Sentry Real Estate	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$175.00
<hr/>					
Last Name Finigan	First Name Maripat	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 # 2260	Amount of Contribution
Residential Street Address 11 Anja Dr	City Simsbury	State CT	Zip Code 06070	Date Received 12/18/2009	
Principal Occupation Communications Director	Name of Employer Larson for Congress	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Bransfield	First Name Sue	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 # 2262	Amount of Contribution
Residential Street Address 16 Covell Hill Rd	City Portland	State CT	Zip Code 06480	Date Received 12/19/2009	
Principal Occupation First Selectman	Name of Employer Town of Portland	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Manning	First Name Ecton	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2290	Amount of Contribution
Residential Street Address 49 Painter Ridge Rd	City Washington	State CT	Zip Code 06793	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Stein	First Name Keith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2313	Amount of Contribution
Residential Street Address 36 Minute Man HI	City Westport	State CT	Zip Code 06880	Date Received 12/21/2009	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Ross	First Name Burke	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2306	Amount of Contribution
Residential Street Address 47 Christine Dr	City Shelton	State CT	Zip Code 06484	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Cloutier	First Name Cecilia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2268	Amount of Contribution
Residential Street Address 262 Fairview Rd	City Westbrook	State CT	Zip Code 06498	Date Received 12/21/2009	
Principal Occupation Teacher	Name of Employer Westbrook Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Deakin	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2272	Amount of Contribution
Residential Street Address 257 Main St N	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Anderson	First Name Ginny	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2263	Amount of Contribution
Residential Street Address 518 Margarite Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/21/2009	
Principal Occupation Reinsurance	Name of Employer Arrowpoint Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Rados	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2303	Amount of Contribution
Residential Street Address 7 Cheryl Ct	City Cromwell	State CT	Zip Code 06416	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kellogg	First Name Augustus	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2284	Amount of Contribution
Residential Street Address 335 Boston St	City Guilford	State CT	Zip Code 06437	Date Received 12/21/2009	
Principal Occupation Business Manager	Name of Employer Greenleaf Biofuels	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Coughlin	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2269	Amount of Contribution
Residential Street Address 19 Glenwood Ter	City Cromwell	State CT	Zip Code 06416	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Goldstein	First Name Melvin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2279	Amount of Contribution
Residential Street Address 87 Sanford Ln	City Stamford	State CT	Zip Code 06905	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Paluskas	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2299	Amount of Contribution
Residential Street Address 96 Green Hill Rd	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	\$5.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Quigley	First Name Fenn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2302	Amount of Contribution
Residential Street Address 122 Main St S	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Woodhall	First Name Sally	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2318	Amount of Contribution
Residential Street Address 78 Harrison Ln	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Lally	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2286	Amount of Contribution
Residential Street Address 54 Brownson Dr	City Shelton	State CT	Zip Code 06484	Date Received 12/21/2009	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Mastroianni	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2293	Amount of Contribution
Residential Street Address 16 Lakes Ln	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Shipping Expeditor	Name of Employer Romatic Mfg	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Shechtman	First Name Sheila	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2309	Amount of Contribution
Residential Street Address 3 Spyglass Dr	City Avon	State CT	Zip Code 06001	Date Received 12/21/2009	
Principal Occupation Business Exec	Name of Employer Giftcorp Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Harrison	First Name Simon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2281	Amount of Contribution
Residential Street Address 24 Boardman Rd	City East Haddam	State CT	Zip Code 06423	Date Received 12/21/2009	
Principal Occupation Program Director	Name of Employer Children of the Earth Foundation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mackinnon	First Name Dylan	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 # 2287	Amount of Contribution
Residential Street Address 24 Boardman Rd	City East Haddam	State CT	Zip Code 06423	Date Received 12/21/2009	
Principal Occupation Instructor	Name of Employer Child Earth Foundation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mackinnon	First Name Ian	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 # 2288	Amount of Contribution
Residential Street Address 24 Boardman Rd	City East Haddam	State CT	Zip Code 06423	Date Received 12/21/2009	
Principal Occupation Instructor	Name of Employer Children of the Earth Foundation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Mackinnon	First Name Katherine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2289	Amount of Contribution
Residential Street Address 24 Boardman Rd	City East Haddam	State CT	Zip Code 06423	Date Received 12/21/2009	
Principal Occupation Instructor	Name of Employer Children of the Earth Foundation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Wood	First Name Martha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2317	Amount of Contribution
Residential Street Address 17 Temple Ct	City New Haven	State CT	Zip Code 06511	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Dembinski	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2273	Amount of Contribution
Residential Street Address 94 Jackson Rd	City Hamden	State CT	Zip Code 06517	Date Received 12/21/2009	
Principal Occupation Psychotherapist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Cargill	First Name Lawrence	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2264	Amount of Contribution
Residential Street Address 25 Munger Ln	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Chiat	First Name Kay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2266	Amount of Contribution
Residential Street Address 207 Ayers Point Rd	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/21/2009	
Principal Occupation Retailer	Name of Employer KC's Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Clapp	First Name Heston	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2267	Amount of Contribution
Residential Street Address 98 Carmel Hill Rd N	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Librarian	Name of Employer Silas Bronson Library	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Crann	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2270	Amount of Contribution
Residential Street Address 160 Paddy Hollow Rd	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Dog Trainer	Name of Employer Peace of Mind Canine	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Dana	First Name Nina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2271	Amount of Contribution
Residential Street Address 174 Wykeham Rd	City Washington Depot	State CT	Zip Code 06793	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name DeMeo	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2274	Amount of Contribution
Residential Street Address 46 Summerhill Rd	City Wallingford	State CT	Zip Code 06492	Date Received 12/21/2009	
Principal Occupation EVP, CFO	Name of Employer Honeywell Intl	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Dolce	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2275	Amount of Contribution
Residential Street Address 310 Pennwood Pl	City Bristol	State CT	Zip Code 06010	Date Received 12/21/2009	
Principal Occupation Attorney	Name of Employer Chubb Insurance	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Erickson	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2276	Amount of Contribution
Residential Street Address 1872 Boulevard	City West Hartford	State CT	Zip Code 06117	Date Received 12/21/2009	
Principal Occupation Production Manager	Name of Employer Tom's Foreign Auto Parts	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Frederick	First Name Maureen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2277	Amount of Contribution
Residential Street Address 276B Sams Rd	City Meriden	State CT	Zip Code 06451	Date Received 12/21/2009	
Principal Occupation Admin Asst	Name of Employer Honeywell Intl	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Gacek	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2278	Amount of Contribution
Residential Street Address 24 Miller St	City New Britain	State CT	Zip Code 06053	Date Received 12/21/2009	
Principal Occupation Accountant	Name of Employer Guidas Seibert Dairy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Goodard	First Name Faith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2280	Amount of Contribution
Residential Street Address 3 Guilds Hollow Rd	City Bethlehem	State CT	Zip Code 06751	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Harwe	First Name Brittmarie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2282	Amount of Contribution
Residential Street Address 78 Clovercrest Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 12/21/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Jacobson	First Name Laurence	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2283	Amount of Contribution
Residential Street Address 1204 Whitney Ave	City Hamden	State CT	Zip Code 06517	Date Received 12/21/2009	
Principal Occupation Maintenance	Name of Employer Honeywell Intl	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kiernan	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2285	Amount of Contribution
Residential Street Address 140 Chipper Dr	City East Hartford	State CT	Zip Code 06108	Date Received 12/21/2009	
Principal Occupation None	Name of Employer Honeywell Intl	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Marques	First Name Tammy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2291	Amount of Contribution
Residential Street Address 185 Auburn St	City Naugatuck	State CT	Zip Code 06770	Date Received 12/21/2009	
Principal Occupation Nursing Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Marsh	First Name Jane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2292	Amount of Contribution
Residential Street Address 55 Old Shore Rd	City Old Lyme	State CT	Zip Code 06371	Date Received 12/21/2009	
Principal Occupation Attorney	Name of Employer Marsh & Bouregy, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mayer	First Name Melanie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2294	Amount of Contribution
Residential Street Address 78 Hart Rd	City Guilford	State CT	Zip Code 06437	Date Received 12/21/2009	
Principal Occupation Photography	Name of Employer Barocas Photography LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Mayer	First Name Rick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2295	Amount of Contribution
Residential Street Address 78 Hart Rd	City Guilford	State CT	Zip Code 06437	Date Received 12/21/2009	
Principal Occupation Photographer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Nowak	First Name Roman	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 # 2296	Amount of Contribution
Residential Street Address 145 Torkom Dr	City New Britain	State CT	Zip Code 06053	Date Received 12/21/2009	
Principal Occupation Business Owner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 O'Toole	First Name Lawrence	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2297	Amount of Contribution
Residential Street Address 46 Kielwasser Rd	City Washington Depot	State CT	Zip Code 06794	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Odenwaelder	First Name Nelly	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2298	Amount of Contribution
Residential Street Address 317 Audubon St	City New Haven	State CT	Zip Code 06510	Date Received 12/21/2009	
Principal Occupation Manager	Name of Employer H Pearce Real Estate	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Panico	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2300	Amount of Contribution
Residential Street Address 182 Bluff View Dr	City Guilford	State CT	Zip Code 06437	Date Received 12/21/2009	
Principal Occupation Administrator	Name of Employer Montowese Health & Rehab Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Pearce	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2301	Amount of Contribution
Residential Street Address 39 Ives St Unit 301	City Hamden	State CT	Zip Code 06518	Date Received 12/21/2009	
Principal Occupation Teacher	Name of Employer City of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Robinson	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2304	Amount of Contribution
Residential Street Address 503 Burritt St	City New Britain	State CT	Zip Code 06053	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Rooke-Norman	First Name Gail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2305	Amount of Contribution
Residential Street Address 270 Bethel Rd	City Jewett City	State CT	Zip Code 06351	Date Received 12/21/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Rutkin	First Name Arnold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2307	Amount of Contribution
Residential Street Address 5 Sea Spray Rd	City Westport	State CT	Zip Code 06880	Date Received 12/21/2009	
Principal Occupation Attorney	Name of Employer Rutkin Oldham Needle LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sessine	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2308	Amount of Contribution
Residential Street Address 5 Inwood Dr	City Guilford	State CT	Zip Code 06437	Date Received 12/21/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Silbert	First Name Jerry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2310	Amount of Contribution
Residential Street Address 155 White Birch Dr	City Guilford	State CT	Zip Code 06437	Date Received 12/21/2009	
Principal Occupation Executive Director	Name of Employer Watershed Partnership Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Smith	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2311	Amount of Contribution
Residential Street Address 190 Copper Rdg	City Southington	State CT	Zip Code 06489	Date Received 12/21/2009	
Principal Occupation Office Mgr	Name of Employer Dr. Boonarino DMD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Smith	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2312	Amount of Contribution
Residential Street Address 224 Tow Path Ln	City Cheshire	State CT	Zip Code 06410	Date Received 12/21/2009	
Principal Occupation System Administrator	Name of Employer Honeywell Intl	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Swiercz	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2314	Amount of Contribution
Residential Street Address 49 Plymouth Ave	City Longmeadow	State MA	Zip Code 01106	Date Received 12/21/2009	
Principal Occupation Account Executive	Name of Employer Travelers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Tannoia	First Name Genine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2315	Amount of Contribution
Residential Street Address 34 Cove Brook Rd	City West Haven	State CT	Zip Code 06516	Date Received 12/21/2009	
Principal Occupation Nurse	Name of Employer Montwese Health and Rehab	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name White	First Name Marjorie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2316	Amount of Contribution
Residential Street Address 16 Jacquelyn Ln	City North Windham	State CT	Zip Code 06256	Date Received 12/21/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Cassella	First Name Cara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2265	Amount of Contribution
Residential Street Address 8 Crowley Dr	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/21/2009	
Principal Occupation Social Worker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Bushka	First Name Terry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2321	Amount of Contribution
Residential Street Address 49 Gleneagle Rd	City Middlebury	State CT	Zip Code 06762	Date Received 12/22/2009	
Principal Occupation Attorney	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Butler	First Name Renee	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 # 2322	Amount of Contribution
Residential Street Address 27 1/2 Fairview Ave	City Deep River	State CT	Zip Code 06417	Date Received 12/22/2009	
Principal Occupation Realtor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Coppola	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2324	Amount of Contribution
Residential Street Address 28 Treadwell Ave .	City New Milford	State CT	Zip Code 06776	Date Received 12/22/2009	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Feinmark	First Name Russell	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2328	Amount of Contribution
Residential Street Address 167 Beach Ave	City Milford	State CT	Zip Code 06460	Date Received 12/22/2009	
Principal Occupation Database Manager	Name of Employer CT General Assembly	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Goodine	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2331	Amount of Contribution
Residential Street Address 181 Sherbrooke St	City Bristol	State CT	Zip Code 06010	Date Received 12/22/2009	
Principal Occupation Attorney	Name of Employer Kilbourne & Tully	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Gorelick	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2332	Amount of Contribution
Residential Street Address 31 Green Hill Rd	City Orange	State CT	Zip Code 06477	Date Received 12/22/2009	
Principal Occupation Teacher	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Onnembo	First Name Doreen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2334	Amount of Contribution
Residential Street Address 20 Saint John St	City North Haven	State CT	Zip Code 06473	Date Received 12/22/2009	
Principal Occupation Secretary	Name of Employer R & C Electric	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Peterson	First Name Greg	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2335	Amount of Contribution
Residential Street Address 9 Shire Dr	City Wallingford	State CT	Zip Code 06492	Date Received 12/22/2009	
Principal Occupation Owner	Name of Employer Tech Circuits, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Whitcombe	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2341	Amount of Contribution
Residential Street Address 60 Deer Hill Ave	City Danbury	State CT	Zip Code 06810	Date Received 12/22/2009	
Principal Occupation Physician	Name of Employer Women's Health Associates, PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
<hr/>					
Last Name Wyzik	First Name Judith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2342	Amount of Contribution
Residential Street Address 744 Hill St	City Suffield	State CT	Zip Code 06078	Date Received 12/22/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00
<hr/>					
Last Name Weissbach	First Name A. Frederick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2340	Amount of Contribution
Residential Street Address 106 River Rd	City East Haddam	State CT	Zip Code 06423	Date Received 12/22/2009	
Principal Occupation Educator	Name of Employer Franklin Academy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Plecan	First Name June	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2336	Amount of Contribution
Residential Street Address 24 Cedar Meadow Rd	City Moodus	State CT	Zip Code 06469	Date Received 12/22/2009	
Principal Occupation Teacher	Name of Employer Reg School District 4	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Redlich	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2337	Amount of Contribution
Residential Street Address 15 Island Ave	City Madison	State CT	Zip Code 06443	Date Received 12/22/2009	
Principal Occupation Adjunct Professor / Lawyer	Name of Employer University of New Haven / Quinnipiac University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Cuomo	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2325	Amount of Contribution
Residential Street Address 65 W Meadow Rd	City Hamden	State CT	Zip Code 06518	Date Received 12/22/2009	
Principal Occupation Real Estate	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Stanek	First Name Frederick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2338	Amount of Contribution
Residential Street Address 22 N Benham Rd	City Seymour	State CT	Zip Code 06483	Date Received 12/22/2009	
Principal Occupation Attorney	Name of Employer Welch, Teodosio, Stanek & Blake LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Czarnik	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2326	Amount of Contribution
Residential Street Address 33 Fleetwood Dr	City New Fairfield	State CT	Zip Code 06812	Date Received 12/22/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Budzik	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2319	Amount of Contribution
Residential Street Address 77 Palmer Martin Rd	City East Haddam	State CT	Zip Code 06423	Date Received 12/22/2009	
Principal Occupation Attorney	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Larsen	First Name Sue	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2333	Amount of Contribution
Residential Street Address 350 Deming St	City South Windsor	State CT	Zip Code 06074	Date Received 12/22/2009	
Principal Occupation Registrar of Voters	Name of Employer Town of South Windsor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Devanney	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2327	Amount of Contribution
Residential Street Address 70 Porter St	City Manchester	State CT	Zip Code 06040	Date Received 12/22/2009	
Principal Occupation Grocer	Name of Employer Highland Park Market	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Clapp	First Name Alicia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2323	Amount of Contribution
Residential Street Address 1014 Hartford Tpke	City North Haven	State CT	Zip Code 06473	Date Received 12/22/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Gambardella	First Name Rosalind	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2329	Amount of Contribution
Residential Street Address 1014 Hartford Tpke	City North Haven	State CT	Zip Code 06473	Date Received 12/22/2009	
Principal Occupation Teacher	Name of Employer City of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Good	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2330	Amount of Contribution
Residential Street Address 375 Haddam Quarter Rd	City Durham	State CT	Zip Code 06422	Date Received 12/22/2009	
Principal Occupation Physician	Name of Employer Middlesex Family Pro Health Physicians	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Truluck	First Name Carol	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 # 2339	Amount of Contribution
Residential Street Address 81 Old Lane Rd	City Cheshire	State CT	Zip Code 06410	Date Received 12/22/2009	
Principal Occupation Financial Planner	Name of Employer Financial Strategies Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Burstein	First Name Laurie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2320	Amount of Contribution
Residential Street Address 10 Woodland Trl	City Ellington	State CT	Zip Code 06029	Date Received 12/22/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Riordan	First Name Emily	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2397	Amount of Contribution
Residential Street Address 675 Ridge Rd	City Orange	State CT	Zip Code 06477	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 O'Neill	First Name Dorothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2393	Amount of Contribution
Residential Street Address 23 Crowley Dr	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/23/2009	
Principal Occupation Nurse	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Carey	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2359	Amount of Contribution
Residential Street Address 31 Oak Ridge Dr	City Avon	State CT	Zip Code 06001	Date Received 12/23/2009	
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 type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Carey	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2360	Amount of Contribution
Residential Street Address 31 Oak Ridge Dr	City Avon	State CT	Zip Code 06001	Date Received 12/23/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Thompson	First Name Adrienne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2405	Amount of Contribution
Residential Street Address 10 Colonial Dr	City Bethel	State CT	Zip Code 06801	Date Received 12/23/2009	
Principal Occupation Graphic Designer	Name of Employer The News Times	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Knickerbocker	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2379	Amount of Contribution
Residential Street Address 10 Colonial Dr	City Bethel	State CT	Zip Code 06801	Date Received 12/23/2009	
Principal Occupation First Selectman	Name of Employer Town of Bethel, CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Overland	First Name Keith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2394	Amount of Contribution
Residential Street Address 46 Breeds Hill Rd	City Wilton	State CT	Zip Code 06897	Date Received 12/23/2009	
Principal Occupation Chiropractor	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Carter	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2361	Amount of Contribution
Residential Street Address 1826 Bucks Hill Rd	City Southbury	State CT	Zip Code 06488	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Carter & Civitello	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$200.00
Last Name Marino	First Name Kaylee	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 # 2388	Amount of Contribution
Residential Street Address 38 Ash Ct	City Middletown	State CT	Zip Code 06457	Date Received 12/23/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Nicholas	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2392	Amount of Contribution
Residential Street Address 160 Hard Hill Rd N	City Bethlehem	State CT	Zip Code 06751	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Nicholas Law Firms LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Kinsella	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2378	Amount of Contribution
Residential Street Address 116 Jobs Pond Rd	City Portland	State CT	Zip Code 06480	Date Received 12/23/2009	
Principal Occupation Probate Judge	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Auerbach	First Name Hillel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2346	Amount of Contribution
Residential Street Address 20 Chestnut Ln	City Woodbridge	State CT	Zip Code 06525	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Kessler	First Name Murray	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2376	Amount of Contribution
Residential Street Address 16 Revere Rd	City New Milford	State CT	Zip Code 06776	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$100.00
Last Name Hager	First Name Lois	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2371	Amount of Contribution
Residential Street Address 8 Duncaster Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 12/23/2009	
Principal Occupation None	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Huelin	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2373	Amount of Contribution
Residential Street Address 21 Bidwell Sq	City Unionville	State CT	Zip Code 06085	Date Received 12/23/2009	
Principal Occupation Lawyer	Name of Employer Otis Elevator Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Huelin	First Name Sarah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2374	Amount of Contribution
Residential Street Address 21 Bidwell Sq	City Unionville	State CT	Zip Code 06085	Date Received 12/23/2009	
Principal Occupation Teacher	Name of Employer Miss Porter's School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Angelillo	First Name Tracy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2345	Amount of Contribution
Residential Street Address 10 Wildcat Rd	City Burlington	State CT	Zip Code 06013	Date Received 12/23/2009	
Principal Occupation QI	Name of Employer Connecticare	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wynne	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2408	Amount of Contribution
Residential Street Address 17 Tanglewood Rd	City Farmington	State CT	Zip Code 06032	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$175.00
Last Name Marcus	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2387	Amount of Contribution
Residential Street Address 24 Lindencrest Dr	City Danbury	State CT	Zip Code 06811	Date Received 12/23/2009	
Principal Occupation Retired	Name of Employer Marcus Dairy Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$600.00	\$225.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Muller	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2389	Amount of Contribution
Residential Street Address 221 Weston Rd	City Weston	State CT	Zip Code 06883	Date Received 12/23/2009	
Principal Occupation Investment	Name of Employer TRG Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$75.00
Last Name Conklin	First Name Janice	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2362	Amount of Contribution
Residential Street Address 355 Old Silo Rd	City Orange	State CT	Zip Code 06477	Date Received 12/23/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Richard	First Name Judith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2396	Amount of Contribution
Residential Street Address 441 S Main St	City Manchester	State CT	Zip Code 06040	Date Received 12/23/2009	
Principal Occupation Administrator	Name of Employer Coventry Board of Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wakely	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2406	Amount of Contribution
Residential Street Address 26 Bayberry Ln	City Jewett City	State CT	Zip Code 06351	Date Received 12/23/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Weinstein	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2407	Amount of Contribution
Residential Street Address 9 Governors Row	City West Hartford	State CT	Zip Code 06117	Date Received 12/23/2009	
Principal Occupation Mortician	Name of Employer Weinstein Mortuary	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fletcher	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2368	Amount of Contribution
Residential Street Address 25 Waterfall Rd	City Ashford	State CT	Zip Code 06278	Date Received 12/23/2009	
Principal Occupation None	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Steuernagel	First Name Craig	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2404	Amount of Contribution
Residential Street Address 6 Riverside Dr	City Cromwell	State CT	Zip Code 06416	Date Received 12/23/2009	
Principal Occupation Sales/Account Manager	Name of Employer A. H. Harris	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Carbonneau	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 # 2358	Amount of Contribution
Residential Street Address 41 Mayfield Ter	City East Lyme	State CT	Zip Code 06333	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Lohr	First Name Wallace	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2385	Amount of Contribution
Residential Street Address 63 Pippin Dr W	City Glastonbury	State CT	Zip Code 06033	Date Received 12/23/2009	
Principal Occupation Insurance Broker	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$75.00
Last Name Kraut	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2383	Amount of Contribution
Residential Street Address 24 Lower Cross Rd	City Greenwich	State CT	Zip Code 06831	Date Received 12/23/2009	
Principal Occupation Executive	Name of Employer g.a. kraut company inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$175.00
Last Name Perry	First Name Denice	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 # 2395	Amount of Contribution
Residential Street Address 25 Brockway Ferry Rd	City Deep River	State CT	Zip Code 06417	Date Received 12/23/2009	
Principal Occupation Property Manager	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Newton	First Name Virginia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2390	Amount of Contribution
Residential Street Address 442 Main St	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/23/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Manning	First Name Carol	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2386	Amount of Contribution
Residential Street Address 442 Main St	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/23/2009	
Principal Occupation Retired Teacher	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Healy	First Name Maryanne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2372	Amount of Contribution
Residential Street Address 837 May St	City Naugatuck	State CT	Zip Code 06770	Date Received 12/23/2009	
Principal Occupation Photographer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Barberino	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2347	Amount of Contribution
Residential Street Address 1179 Yale Ave	City Wallingford	State CT	Zip Code 06492	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Barberino Bros. Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Barr	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2348	Amount of Contribution
Residential Street Address 298 Danbury Rd	City Ridgefield	State CT	Zip Code 06877	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer United America Indemnity	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$75.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Barr	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2349	Amount of Contribution
Residential Street Address 298 Danbury Rd	City Ridgefield	State CT	Zip Code 06877	Date Received 12/23/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Campanella-Daniels	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2354	Amount of Contribution
Residential Street Address 112 Quail Run	City Glastonbury	State CT	Zip Code 06033	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Abbey	First Name Jason	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2343	Amount of Contribution
Residential Street Address 16 Park Ave	City New York	State NY	Zip Code 10016	Date Received 12/23/2009	
Principal Occupation Architect	Name of Employer FX Fowle	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Abbey	First Name Sarah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2344	Amount of Contribution
Residential Street Address 16 Park Ave	City New York	State NY	Zip Code 10016	Date Received 12/23/2009	
Principal Occupation Editor	Name of Employer Hearst	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Besmer	First Name Frances	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2350	Amount of Contribution
Residential Street Address 233 Fuller Mountain Rd	City Kent	State CT	Zip Code 06754	Date Received 12/23/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Burke	First Name Dennis	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 # 2351	Amount of Contribution
Residential Street Address 63 Ballahack Rd	City East Haddam	State CT	Zip Code 06423	Date Received 12/23/2009	
Principal Occupation Bail Bondsman	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Byrne	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2352	Amount of Contribution
Residential Street Address 9 Long Green Ter	City Middletown	State CT	Zip Code 06457	Date Received 12/23/2009	
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Cadwell	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2353	Amount of Contribution
Residential Street Address 67 Yelping Hill Rd	City West Cornwall	State CT	Zip Code 06796	Date Received 12/23/2009	
Principal Occupation Coordinator	Name of Employer EMS Institute @ Sharon Host	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Camposeo	First Name Elaine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2355	Amount of Contribution
Residential Street Address 15 Valerie Dr	City Bolton	State CT	Zip Code 06043	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Capobianco	First Name Briana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2356	Amount of Contribution
Residential Street Address 5 Partridge Ln	City Branford	State CT	Zip Code 06405	Date Received 12/23/2009	
Principal Occupation Purchaser	Name of Employer HAFSCO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Capobianco	First Name Mario	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2357	Amount of Contribution
Residential Street Address 5 Partridge Ln	City Branford	State CT	Zip Code 06405	Date Received 12/23/2009	
Principal Occupation Design Consultant	Name of Employer HAFSCO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Corrow	First Name Christine	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 # 2363	Amount of Contribution
Residential Street Address 509 Main St	City Cromwell	State CT	Zip Code 06416	Date Received 12/23/2009	
Principal Occupation Dental Administrator	Name of Employer Dr. Edward Karl	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Cowles	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2364	Amount of Contribution
Residential Street Address 316 Woodcreek Rd	City Bethlehem	State CT	Zip Code 06751	Date Received 12/23/2009	
Principal Occupation Actor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Darby	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2365	Amount of Contribution
Residential Street Address 110 Comstock Rd	City Manchester	State CT	Zip Code 06040	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Phelon, Fitzgerald & Wood, PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00	\$60.00
Last Name DeSena	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 # 2366	Amount of Contribution
Residential Street Address 57 Olympus Pkwy	City Middletown	State CT	Zip Code 06457	Date Received 12/23/2009	
Principal Occupation Business Owner/Developer	Name of Employer Mobil 1 Lube Express	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Feldman	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2367	Amount of Contribution
Residential Street Address 7 Acorn Gln	City Avon	State CT	Zip Code 06001	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Feldman & Hickey	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Fraenza	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2369	Amount of Contribution
Residential Street Address 53 Glenwood Rd	City North Branford	State CT	Zip Code 06471	Date Received 12/23/2009	
Principal Occupation Sales	Name of Employer Fair Haven Clam & Lobster	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Griffin	First Name Paul	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 # 2370	Amount of Contribution
Residential Street Address 74 Cow Hill Rd	City Mystic	State CT	Zip Code 06355	Date Received 12/23/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Kathwari	First Name Farooq	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2375	Amount of Contribution
Residential Street Address 7 Premium Pt	City New Rochelle	State NY	Zip Code 10801	Date Received 12/23/2009	
Principal Occupation CEO	Name of Employer Ethan Allen Global	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Khan	First Name Eileen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2377	Amount of Contribution
Residential Street Address 2989 Ridge Rd	City North Haven	State CT	Zip Code 06473	Date Received 12/23/2009	
Principal Occupation V.P. Nursing	Name of Employer Montowese Health and Rehabilitation Center, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kokoska	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2380	Amount of Contribution
Residential Street Address 463 Broad St	City Windsor	State CT	Zip Code 06095	Date Received 12/23/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Krause	First Name Ashley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2381	Amount of Contribution
Residential Street Address 107 Linden Ave	City Branford	State CT	Zip Code 06405	Date Received 12/23/2009	
Principal Occupation Account Receivable Billing	Name of Employer HAFSCO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Krause	First Name Kim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2382	Amount of Contribution
Residential Street Address 34 Dorchester Ln	City Branford	State CT	Zip Code 06405	Date Received 12/23/2009	
Principal Occupation Office Manager	Name of Employer Engineered Systems Intergrators LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LaPierre	First Name Earl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2384	Amount of Contribution
Residential Street Address 14 Norwich Rd	City Quaker Hill	State CT	Zip Code 06375	Date Received 12/23/2009	
Principal Occupation Electric Engineer	Name of Employer Electric Boat	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Nicastro	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2391	Amount of Contribution
Residential Street Address 80 Beleden Gardens Dr	City Bristol	State CT	Zip Code 06010	Date Received 12/23/2009	
Principal Occupation State Representative	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Sadanowicz	First Name Grazyna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2398	Amount of Contribution
Residential Street Address 19700 Beach Rd # 9S	City Jupiter	State FL	Zip Code 33469	Date Received 12/23/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Smith	First Name Joanne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2400	Amount of Contribution
Residential Street Address 103 Island View Ter	City Branford	State CT	Zip Code 06405	Date Received 12/23/2009	
Principal Occupation Office Manager	Name of Employer HAFSCO	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Smith	First Name Taylor	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2401	Amount of Contribution
Residential Street Address 103 Island View Ter	City Branford	State CT	Zip Code 06405	Date Received 12/23/2009	
Principal Occupation Teacher	Name of Employer Precious Cargo	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Spellane	First Name Pamela	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2402	Amount of Contribution
Residential Street Address 116 Ridge Acres Rd	City Darien	State CT	Zip Code 06820	Date Received 12/23/2009	
Principal Occupation Realtor	Name of Employer Halstead	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Spellane	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2403	Amount of Contribution
Residential Street Address 116 Ridge Acres	City Darien	State CT	Zip Code 06820	Date Received 12/23/2009	
Principal Occupation Lawyer	Name of Employer Gilbride Tusa	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hartmann	First Name Marisa	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 # 2409	Amount of Contribution
Residential Street Address 5 Cord Grass Ln	City Old Lyme	State CT	Zip Code 06371	Date Received 12/26/2009	
Principal Occupation homemaker	Name of Employer self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Davis	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2413	Amount of Contribution
Residential Street Address 23 Charter Ridge Dr	City Sandy Hook	State CT	Zip Code 06482	Date Received 12/28/2009	
Principal Occupation Public Relations	Name of Employer World Wrestling Entertainment	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name beaudoin	First Name gene	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 # 2411	Amount of Contribution
Residential Street Address 37 Pinnacle Mountain Rd	City Simsbury	State CT	Zip Code 06070	Date Received 12/28/2009	
Principal Occupation real estate development	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Smith	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2420	Amount of Contribution
Residential Street Address 212 Sunset Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 12/28/2009	
Principal Occupation Attorney	Name of Employer Robinson & Cole, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Alexander	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2410	Amount of Contribution
Residential Street Address 69 Aunt Park Ln	City Newtown	State CT	Zip Code 06470	Date Received 12/28/2009	
Principal Occupation Lawyer	Name of Employer Axinn, Veltrop & Harkrider LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Coomes	First Name Kenneth	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 # 2412	Amount of Contribution
Residential Street Address 61 Barbara Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/28/2009	
Principal Occupation Marketing Rep	Name of Employer Aidin Assoc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kelly	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2414	Amount of Contribution
Residential Street Address 38 Mica Hill Rd	City Durham	State CT	Zip Code 06422	Date Received 12/28/2009	
Principal Occupation Attorney	Name of Employer The Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lapierre	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2415	Amount of Contribution
Residential Street Address 19 Granite Dr	City Bethel	State CT	Zip Code 06801	Date Received 12/28/2009	
Principal Occupation Attorney	Name of Employer Public Defender's Office	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lee	First Name Kenneth E.	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 # 2416	Amount of Contribution
Residential Street Address 180 Riverside Dr	City New York	State NY	Zip Code 10024	Date Received 12/28/2009	
Principal Occupation Lawyer	Name of Employer Hughes Hubbard & Reed LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Lipman	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2417	Amount of Contribution
Residential Street Address 812 Alling Rd	City Orange	State CT	Zip Code 06447	Date Received 12/28/2009	
Principal Occupation Caseflow Coordinator	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Roczniak	First Name Amanda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2418	Amount of Contribution
Residential Street Address 4 Holly Ln	City Marlborough	State CT	Zip Code 06447	Date Received 12/28/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Sleeper	First Name Evelyn	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 # 2419	Amount of Contribution
Residential Street Address 148 Whitfield St	City Guilford	State CT	Zip Code 06437	Date Received 12/28/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Smith	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2421	Amount of Contribution
Residential Street Address 4 Pioneer Dr	City Avon	State CT	Zip Code 06001	Date Received 12/28/2009	
Principal Occupation Attorney	Name of Employer Smith & Moore LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Weiss	First Name Gertrude	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2422	Amount of Contribution
Residential Street Address 130 Renovah Ave	City Stamford	State CT	Zip Code 06905	Date Received 12/28/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Brown	First Name Morton	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 # 2424	Amount of Contribution
Residential Street Address 3825 8th Pl	City Vero Beach	State FL	Zip Code 32960	Date Received 12/29/2009	
Principal Occupation Retail Consultant	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jastremski	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2425	Amount of Contribution
Residential Street Address 9 Dubois Dr	City Mystic	State CT	Zip Code 06355	Date Received 12/29/2009	
Principal Occupation System Engineer/Management Consultant	Name of Employer Mystic Innovations Group, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Simmons	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2427	Amount of Contribution
Residential Street Address 46 Palmer St	City Bridgeport	State CT	Zip Code 06606	Date Received 12/29/2009	
Principal Occupation executive assistant	Name of Employer Law Office of Joan I. Farcus	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Walsh	First Name Patricia	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 # 2428	Amount of Contribution
Residential Street Address 329 Boston Post Rd	City Madison	State CT	Zip Code 06443	Date Received 12/29/2009	
Principal Occupation FA	Name of Employer MSSB	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Andersen	First Name Janice	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 # 2423	Amount of Contribution
Residential Street Address 879 Wilcoxson Ave	City Stratford	State CT	Zip Code 06614	Date Received 12/29/2009	
Principal Occupation Deputy Director	Name of Employer RYASAP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$50.00
Last Name Martin	First Name Maura	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 # 2426	Amount of Contribution
Residential Street Address 246 Clay St	City Thomaston	State CT	Zip Code 06787	Date Received 12/29/2009	
Principal Occupation full time mom	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 type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Yanus	First Name Melanie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2526	Amount of Contribution
Residential Street Address 8 Kingfisher Ln	City Clinton	State CT	Zip Code 06413	Date Received 12/30/2009	
Principal Occupation Tax Collector	Name of Employer Town of Clinton	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Halibozek	First Name Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2464	Amount of Contribution
Residential Street Address 7 Christian Hill Rd	City Cromwell	State CT	Zip Code 06416	Date Received 12/30/2009	
Principal Occupation Clinical Policy and Reimbursement Analyst	Name of Employer Connecticare, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Gianetti	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2457	Amount of Contribution
Residential Street Address 19 Collingwood Ave	City Fairfield	State CT	Zip Code 06825	Date Received 12/30/2009	
Principal Occupation Physician	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Glover	First Name Sylvia	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 # 2460	Amount of Contribution
Residential Street Address 648 Fern St	City West Hartford	State CT	Zip Code 06107	Date Received 12/30/2009	
Principal Occupation Homemaker	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Parda	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 # 2494	Amount of Contribution
Residential Street Address 3 Pine Dr	City Broad Brook	State CT	Zip Code 06016	Date Received 12/30/2009	
Principal Occupation Chief Loan Officer	Name of Employer New England Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Robertson	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2504	Amount of Contribution
Residential Street Address 20 Fenwick Ave	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/30/2009	
Principal Occupation Executive	Name of Employer American Cruise Lines Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$475.00	\$100.00
Last Name Robertson	First Name Carter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2503	Amount of Contribution
Residential Street Address 20 Fenwick Ave	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/30/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Robertson	First Name Clark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2505	Amount of Contribution
Residential Street Address 20 Fenwick Ave	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/30/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Cable	First Name Jane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2442	Amount of Contribution
Residential Street Address 135 Four Mile River Rd	City Old Lyme	State CT	Zip Code 06371	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Jane Cable LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$225.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name NEEDELMAN	First Name SANDRA	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2488	Amount of Contribution
Residential Street Address 5 Adams Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 12/30/2009	
Principal Occupation Teacher	Name of Employer Greater Hartford Jewish Community Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Horwitz	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2467	Amount of Contribution
Residential Street Address 24 Oak Hill Ln	City Woodbridge	State CT	Zip Code 06525	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Koskoff, Koskoff & Bieder	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Reilly	First Name Carey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2501	Amount of Contribution
Residential Street Address 1 Beck Rd	City Redding	State CT	Zip Code 06896	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Koskoff Koskoff & Bieder	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Gilroy	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2459	Amount of Contribution
Residential Street Address 298 Main St	City Hampton	State CT	Zip Code 06247	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Borner	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2436	Amount of Contribution
Residential Street Address 1 Townhouse Dr	City Pomfret Center	State CT	Zip Code 06259	Date Received 12/30/2009	
Principal Occupation CEO	Name of Employer Putnam Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Bott	First Name Cynthia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2437	Amount of Contribution
Residential Street Address 167 Englewood Dr	City Orange	State CT	Zip Code 06477	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Koskoff, Koskoff and Beider	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Harper	First Name Monica	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2466	Amount of Contribution
Residential Street Address 32 Timberwood Rd	City West Hartford	State CT	Zip Code 06117	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$50.00
Last Name Jacabacci	First Name Bill	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2468	Amount of Contribution
Residential Street Address 30 Oakland Ave	City Milford	State CT	Zip Code 06460	Date Received 12/30/2009	
Principal Occupation Construction Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$25.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Panteleakos	First Name Eileen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2493	Amount of Contribution
Residential Street Address 68 Beaver Dam Rd	City Woodstock Valley	State CT	Zip Code 06282	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name szeps	First Name Holly	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 # 2519	Amount of Contribution
Residential Street Address 260 France St	City Rocky Hill	State CT	Zip Code 06067	Date Received 12/30/2009	
Principal Occupation Sales Associate	Name of Employer Carey Manufacturing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Flynn	First Name Maureen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2454	Amount of Contribution
Residential Street Address 18 Breckenridge Ave	City Meriden	State CT	Zip Code 06450	Date Received 12/30/2009	
Principal Occupation Registrar of Voters	Name of Employer City of Meriden	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Smith	First Name Earl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2516	Amount of Contribution
Residential Street Address 5 Serenity Ln	City Sandy Hook	State CT	Zip Code 06482	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Stewart	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2518	Amount of Contribution
Residential Street Address 34 Canterbury St	City Hartford	State CT	Zip Code 06112	Date Received 12/30/2009	
Principal Occupation State Employee	Name of Employer CT Department of Transportation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Gerratana	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2456	Amount of Contribution
Residential Street Address 674 Lincoln St	City New Britain	State CT	Zip Code 06052	Date Received 12/30/2009	
Principal Occupation Orthopedic Surgeon	Name of Employer Grove Hill Medical Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Conway-Raczka	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2446	Amount of Contribution
Residential Street Address 7 Red Yellow Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Raczka	First Name Theodore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2499	Amount of Contribution
Residential Street Address 7 Red Yellow Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Pawlak	First Name Helena	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2495	Amount of Contribution
Residential Street Address 149 Vine St	City New Britain	State CT	Zip Code 06052	Date Received 12/30/2009	
Principal Occupation Operator/Security Support	Name of Employer Hospital for Special Care	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$25.00
Last Name Gill	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2458	Amount of Contribution
Residential Street Address 25 W Ridge Rd	City New Fairfield	State CT	Zip Code 06812	Date Received 12/30/2009	
Principal Occupation Retail Sales	Name of Employer Gill Retail Services Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Delorenzo	First Name Allan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2450	Amount of Contribution
Residential Street Address 8 Pheasant Ln	City Bloomfield	State CT	Zip Code 06002	Date Received 12/30/2009	
Principal Occupation Marshall	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Brouillard	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2438	Amount of Contribution
Residential Street Address 256 Barrett Hill Rd	City Brooklyn	State CT	Zip Code 06234	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer St. Onge & Brouillard	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Roy	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2507	Amount of Contribution
Residential Street Address 80 Washington Ave	City Seymour	State CT	Zip Code 06483	Date Received 12/30/2009	
Principal Occupation First Selectman	Name of Employer Town of Seymour	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Vollono	First Name Frederick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2521	Amount of Contribution
Residential Street Address 26 Brooks Ln	City Ivoryton	State CT	Zip Code 06442	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Kenny, Brimmer & Mahoney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Budds	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 # 2440	Amount of Contribution
Residential Street Address 62 E Shore Dr	City Niantic	State CT	Zip Code 06357	Date Received 12/30/2009	
Principal Occupation CEO	Name of Employer Smith Insurance, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Paguni	First Name Anthony	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 # 2492	Amount of Contribution
Residential Street Address 882 N Colony Rd	City Meriden	State CT	Zip Code 06450	Date Received 12/30/2009	
Principal Occupation Dinig Services Manager	Name of Employer University of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Lavery	First Name Linda	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 # 2479	Amount of Contribution
Residential Street Address 22 Alden Rd	City Greenwich	State CT	Zip Code 06831	Date Received 12/30/2009	
Principal Occupation Community Volunteer	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lavery	First Name Tracy	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 # 2480	Amount of Contribution
Residential Street Address 22 Alden Rd	City Greenwich	State CT	Zip Code 06831	Date Received 12/30/2009	
Principal Occupation Investment Manager	Name of Employer Self employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 D'Amico	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2448	Amount of Contribution
Residential Street Address 6 Sterling Rdg	City Shelton	State CT	Zip Code 06484	Date Received 12/30/2009	
Principal Occupation VP Manufacturing	Name of Employer Northeast Electronics Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 DeLuca	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2451	Amount of Contribution
Residential Street Address 349 Niblick Ln	City Oxford	State CT	Zip Code 06478	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Pickett	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2497	Amount of Contribution
Residential Street Address 77 Prout Hill Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/30/2009	
Principal Occupation Development Officer	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Torop	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2520	Amount of Contribution
Residential Street Address 124 Freeman Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/30/2009	
Principal Occupation Psychiatrist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Adinolfi	First Name Charlotte	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2429	Amount of Contribution
Residential Street Address 30 N Pond Rd	City Cheshire	State CT	Zip Code 06410	Date Received 12/30/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Adinolfi	First Name Justin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2430	Amount of Contribution
Residential Street Address 30 N Pond Rd	City Cheshire	State CT	Zip Code 06410	Date Received 12/30/2009	
Principal Occupation Consultant	Name of Employer Technology Resource Solutions, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$475.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Alfrandre	First Name Victor	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 # 2431	Amount of Contribution
Residential Street Address 125 Deerfield Dr	City Easton	State CT	Zip Code 06612	Date Received 12/30/2009	
Principal Occupation Teacher	Name of Employer Monroe BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Andersen	First Name Beverly	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2432	Amount of Contribution
Residential Street Address 64R Tuttle Rd	City Durham	State CT	Zip Code 06422	Date Received 12/30/2009	
Principal Occupation Florist	Name of Employer Uncle Bob's	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Arreola	First Name Adriana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2433	Amount of Contribution
Residential Street Address 56 Lawrence St	City New Haven	State CT	Zip Code 06511	Date Received 12/30/2009	
Principal Occupation Coordinator	Name of Employer City of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Bacon	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2434	Amount of Contribution
Residential Street Address 424 Wormwood Hill Rd	City Mansfield Center	State CT	Zip Code 06250	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Kahain Keresky and Capsello	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Bell	First Name Virginia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2435	Amount of Contribution
Residential Street Address 27 Jackson Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 12/30/2009	
Principal Occupation Financial Advisor	Name of Employer ABA Accounting Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Bubie	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2439	Amount of Contribution
Residential Street Address 57 Durwin St	City Middletown	State CT	Zip Code 06457	Date Received 12/30/2009	
Principal Occupation Salesman	Name of Employer Business Hardware	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Ceplenski	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2443	Amount of Contribution
Residential Street Address 29 Brookwood Dr	City Southington	State CT	Zip Code 06489	Date Received 12/30/2009	
Principal Occupation Physician	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Chesnin	First Name Harold	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 # 2444	Amount of Contribution
Residential Street Address 1810 43rd Ave E	City Seattle	State WA	Zip Code 98112	Date Received 12/30/2009	
Principal Occupation attorney	Name of Employer Law Office of Harold Chesnin	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Ciardella	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2445	Amount of Contribution
Residential Street Address 210 Copper Rdg	City Southington	State CT	Zip Code 06489	Date Received 12/30/2009	
Principal Occupation Physician	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Couchon	First Name Maureen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2447	Amount of Contribution
Residential Street Address 1429 Exeter Rd	City Lebanon	State CT	Zip Code 06429	Date Received 12/30/2009	
Principal Occupation Receptionist	Name of Employer Sandler & Mara	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 DEDERER	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 # 2449	Amount of Contribution
Residential Street Address 450 Freeman Ave	City Stratford	State CT	Zip Code 06614	Date Received 12/30/2009	
Principal Occupation Instructor	Name of Employer Housatonic CC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Dow	First Name Mari	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2452	Amount of Contribution
Residential Street Address 52 River Rd	City Essex	State CT	Zip Code 06426	Date Received 12/30/2009	
Principal Occupation Occ Therapist	Name of Employer Waterford Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Duksa	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2453	Amount of Contribution
Residential Street Address 8 Winterberry Ct	City Newington	State CT	Zip Code 06111	Date Received 12/30/2009	
Principal Occupation Funeral Director	Name of Employer Burrill Hill Funeral Home	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name GANASSINI	First Name NANCY	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2455	Amount of Contribution
Residential Street Address 344 Wilson St	City Fairfield	State CT	Zip Code 06825	Date Received 12/30/2009	
Principal Occupation EXECUTIVE DIRECTOR	Name of Employer GREATER BRIDGEPORT BAR ASSOC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Grasso	First Name Jim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2461	Amount of Contribution
Residential Street Address 98 Hunt Rd	City Columbia	State CT	Zip Code 06237	Date Received 12/30/2009	
Principal Occupation Social Worker	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Greenspan	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2462	Amount of Contribution
Residential Street Address 1538 S Main St	City Cheshire	State CT	Zip Code 06410	Date Received 12/30/2009	
Principal Occupation Dentist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Guild	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2463	Amount of Contribution
Residential Street Address 45 Reservoir Rd	City Berlin	State CT	Zip Code 06037	Date Received 12/30/2009	
Principal Occupation Sales	Name of Employer Builders Hardware	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Halibozek	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2465	Amount of Contribution
Residential Street Address 28 Bow Ln	City Middletown	State CT	Zip Code 06457	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Joseph	First Name Adam	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2469	Amount of Contribution
Residential Street Address 56 Lawrence St # 2nd Floor	City New Haven	State CT	Zip Code 06511	Date Received 12/30/2009	
Principal Occupation Leg Director	Name of Employer City of New Haven	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kanios	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2470	Amount of Contribution
Residential Street Address 1139 Matianuck Ave	City Windsor	State CT	Zip Code 06095	Date Received 12/30/2009	
Principal Occupation Correctional Lieutenant	Name of Employer CT Dept Corrections	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name KANIOS	First Name JENNIFER	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2471	Amount of Contribution
Residential Street Address 1139 Matianuck Ave	City Windsor	State CT	Zip Code 06095	Date Received 12/30/2009	
Principal Occupation Legal Assistant	Name of Employer Sandler & Mara	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Keeney	First Name Lafayette	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2472	Amount of Contribution
Residential Street Address 41 Pettipaug Ave	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/30/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Kelly	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 # 2473	Amount of Contribution
Residential Street Address 74 Walnut Hill Rd	City Bethel	State CT	Zip Code 06801	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Kerin	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2474	Amount of Contribution
Residential Street Address 40 Terry Rd	City Hartford	State CT	Zip Code 06105	Date Received 12/30/2009	
Principal Occupation President	Name of Employer The Kerin Agency	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kerin	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2475	Amount of Contribution
Residential Street Address 25 Hollister Dr	City West Hartford	State CT	Zip Code 06117	Date Received 12/30/2009	
Principal Occupation Financial Services	Name of Employer Flagstar Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Khanna	First Name Joe	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 # 2476	Amount of Contribution
Residential Street Address 624 Hope St	City Stamford	State CT	Zip Code 06907	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Pitney Bowes Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Khanna	First Name Ruchi	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 # 2477	Amount of Contribution
Residential Street Address 624 Hope St	City Stamford	State CT	Zip Code 06907	Date Received 12/30/2009	
Principal Occupation Pharmacist	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 type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Leary	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2481	Amount of Contribution
Residential Street Address 13 Shamrock Dr	City Brookfield	State CT	Zip Code 06804	Date Received 12/30/2009	
Principal Occupation Branch Manager	Name of Employer Okee Industries	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Ludwig	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2482	Amount of Contribution
Residential Street Address 32 Harrison Rd	City Cheshire	State CT	Zip Code 06410	Date Received 12/30/2009	
Principal Occupation Agency Managing Director	Name of Employer Charter Oak Ins	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mara	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2483	Amount of Contribution
Residential Street Address 93 Atlantic Ave	City Groton	State CT	Zip Code 06340	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Mara	First Name Neil	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2484	Amount of Contribution
Residential Street Address 93 Atlantic Ave	City Groton	State CT	Zip Code 06340	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Morris	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2485	Amount of Contribution
Residential Street Address 406 Trails End Rd	City Manchester	State CT	Zip Code 06042	Date Received 12/30/2009	
Principal Occupation Sales	Name of Employer James Herdie	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Moutogiannis	First Name Angelo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2486	Amount of Contribution
Residential Street Address 115 Orchard Ave	City Newington	State CT	Zip Code 06111	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Muraca	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2487	Amount of Contribution
Residential Street Address 583 Butternut St	City Middletown	State CT	Zip Code 06457	Date Received 12/30/2009	
Principal Occupation Manager	Name of Employer Michael J Turner Enterprises	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name O'Connor	First Name Andrea	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2489	Amount of Contribution
Residential Street Address 9 Pepper Pond Rd	City Sherman	State CT	Zip Code 06784	Date Received 12/30/2009	
Principal Occupation First Selectman	Name of Employer Town of Sherman	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Olson	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 # 2490	Amount of Contribution
Residential Street Address 148 Canton Rd	City Granby	State CT	Zip Code 06035	Date Received 12/30/2009	
Principal Occupation Sales	Name of Employer Hardware Specialties	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Orr	First Name Jean	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2491	Amount of Contribution
Residential Street Address 11 Hamlin Ct	City Middletown	State CT	Zip Code 06457	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Petteway	First Name Joyce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2496	Amount of Contribution
Residential Street Address 1680 Meriden Rd	City Waterbury	State CT	Zip Code 06705	Date Received 12/30/2009	
Principal Occupation Investment Tech	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Ponvert	First Name Antonio	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2498	Amount of Contribution
Residential Street Address 339 Saint Ronan St	City New Haven	State CT	Zip Code 06511	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Koskoff Koskoff & Bieder	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Reeves	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2500	Amount of Contribution
Residential Street Address 460 Lovely St	City Avon	State CT	Zip Code 06001	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Furey Donovan Tracy Daly	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Repka	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2502	Amount of Contribution
Residential Street Address 10 Woodhaven Dr	City Simsbury	State CT	Zip Code 06070	Date Received 12/30/2009	
Principal Occupation Sales	Name of Employer eBenefits Group of Unionville	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Rosenberg	First Name Milton	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2506	Amount of Contribution
Residential Street Address 70 Ferncliff Dr	City West Hartford	State CT	Zip Code 06117	Date Received 12/30/2009	
Principal Occupation Retail	Name of Employer Bernie's Audio Video TV & Appliances	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Salcedo	First Name Sylvester	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2510	Amount of Contribution
Residential Street Address 851 Shagbark Dr	City Orange	State CT	Zip Code 06477	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Ryan	First Name Timothea	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2508	Amount of Contribution
Residential Street Address 851 Shagbark Dr	City Orange	State CT	Zip Code 06477	Date Received 12/30/2009	
Principal Occupation Physician	Name of Employer Advance Eye Physician	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Sala	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2509	Amount of Contribution
Residential Street Address 50 Brussels Ave	City Wethersfield	State CT	Zip Code 06109	Date Received 12/30/2009	
Principal Occupation Sales	Name of Employer Builders Hardware	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Senet	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2511	Amount of Contribution
Residential Street Address 235 Old Coach Ln	City Stratford	State CT	Zip Code 06614	Date Received 12/30/2009	
Principal Occupation Sales	Name of Employer GAF Materials Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Short	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 # 2512	Amount of Contribution
Residential Street Address 512 N Benson Rd	City Fairfield	State CT	Zip Code 06824	Date Received 12/30/2009	
Principal Occupation VP Marketing	Name of Employer Northeast Electronics Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Sikorsky	First Name Igor	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2513	Amount of Contribution
Residential Street Address 121 Perry St	City Unionville	State CT	Zip Code 06085	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Simon	First Name Fredrick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2514	Amount of Contribution
Residential Street Address 8 Hoffman Rd	City Canton	State CT	Zip Code 06019	Date Received 12/30/2009	
Principal Occupation Contractor	Name of Employer Managed Construction Resources	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Simon	First Name Neal	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2515	Amount of Contribution
Residential Street Address 3557 NW Clubside Cir	City Boca Raton	State FL	Zip Code 33496	Date Received 12/30/2009	
Principal Occupation Contractor	Name of Employer Managed Cons Resources	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name St. Hilaire	First Name Justin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2517	Amount of Contribution
Residential Street Address 111 Arch Rd	City Avon	State CT	Zip Code 06001	Date Received 12/30/2009	
Principal Occupation Sales Manager	Name of Employer Harvey Building Pro	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wilson	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 # 2522	Amount of Contribution
Residential Street Address 11 Pettipaug Ave	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/30/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Wu	First Name Jana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2523	Amount of Contribution
Residential Street Address 118 South St	City Litchfield	State CT	Zip Code 06759	Date Received 12/30/2009	
Principal Occupation Counselor	Name of Employer Mountainside Treatment Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wu	First Name Leah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2524	Amount of Contribution
Residential Street Address 1441 Florida Ave NW	City Washington	State DC	Zip Code 20009	Date Received 12/30/2009	
Principal Occupation Fundraiser	Name of Employer Brookins Institution	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wu	First Name Lora	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2525	Amount of Contribution
Residential Street Address 320 NW Olsen # 2	City Pullman	State WA	Zip Code 99163	Date Received 12/30/2009	
Principal Occupation Research Assistant	Name of Employer Washington State University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Burdick	First Name Corinne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2441	Amount of Contribution
Residential Street Address 19 Granite Dr	City Bethel	State CT	Zip Code 06801	Date Received 12/30/2009	
Principal Occupation Accountant	Name of Employer IBM	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Lane	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2478	Amount of Contribution
Residential Street Address 721 North St	City Goshen	State CT	Zip Code 06756	Date Received 12/30/2009	
Principal Occupation Attorney	Name of Employer Lane & Lane	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$250.00
Last Name Fainer	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2570	Amount of Contribution
Residential Street Address 156 Prospect St	City Ansonia	State CT	Zip Code 06401	Date Received 12/31/2009	
Principal Occupation Teacher	Name of Employer Ansonia Bd of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Tuck	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2662	Amount of Contribution
Residential Street Address 38 Anderson Rd	City Sherman	State CT	Zip Code 06784	Date Received 12/31/2009	
Principal Occupation Realtor	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$250.00
Last Name Adams	First Name Theodore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2527	Amount of Contribution
Residential Street Address 36 Boston Hill Rd	City Andover	State CT	Zip Code 06232	Date Received 12/31/2009	
Principal Occupation None	Name of Employer United Technologies	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Alvarez	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2528	Amount of Contribution
Residential Street Address PO Box 736	City Woodbury	State CT	Zip Code 06798	Date Received 12/31/2009	
Principal Occupation Writer	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Attawar	First Name Shashi	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 # 2530	Amount of Contribution
Residential Street Address 22 Glenview Dr	City Cromwell	State CT	Zip Code 06416	Date Received 12/31/2009	
Principal Occupation Architecture	Name of Employer Landmark Architects PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Baluba	First Name Dena	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 # 2531	Amount of Contribution
Residential Street Address 29 Bonsilene St	City Milford	State CT	Zip Code 06460	Date Received 12/31/2009	
Principal Occupation Accounts Manager	Name of Employer Shoreline Chiropractic	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Belbusti	First Name Diane	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 # 2533	Amount of Contribution
Residential Street Address 2 Linwood St	City West Haven	State CT	Zip Code 06516	Date Received 12/31/2009	
Principal Occupation Director of Nursing	Name of Employer Harbor View Manor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Belbusti	First Name Joseph	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2534	Amount of Contribution
Residential Street Address 2 Linwood St	City West Haven	State CT	Zip Code 06516	Date Received 12/31/2009		
Principal Occupation Contractor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Bozzi	First Name Andrea	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 # 2537	Amount of Contribution
Residential Street Address 94 London Dr	City Hamden	State CT	Zip Code 06517	Date Received 12/31/2009		
Principal Occupation Secretary	Name of Employer Andrew White LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00
Last Name Broccoli	First Name Guariano	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 # 2539	Amount of Contribution
Residential Street Address 135 Burr Rd	City Higganum	State CT	Zip Code 06441	Date Received 12/31/2009		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 BUTLER	First Name BARRY	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 # 2540	Amount of Contribution
Residential Street Address 20 Nelson Pl	City Fairfield	State CT	Zip Code 06825	Date Received 12/31/2009		
Principal Occupation Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Bysiewicz	First Name Gail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2541	Amount of Contribution
Residential Street Address 38 Red Hill Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 12/31/2009	
Principal Occupation Administrator	Name of Employer University of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Campise	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2542	Amount of Contribution
Residential Street Address 209 Lakewood Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 12/31/2009	
Principal Occupation Owner	Name of Employer TY Matt Excavation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Caplan	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2543	Amount of Contribution
Residential Street Address 5 Lincoln Ave	City Old Greenwich	State CT	Zip Code 06780	Date Received 12/31/2009	
Principal Occupation Financial Mgmt	Name of Employer IBM	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Carabetta	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 # 2544	Amount of Contribution
Residential Street Address 20 Shaker Ct	City Meriden	State CT	Zip Code 06450	Date Received 12/31/2009	
Principal Occupation Retail Owner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Carafano	First Name Frank M.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2545	Amount of Contribution
Residential Street Address 655 Ridge Rd	City Hamden	State CT	Zip Code 06517	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Castorina	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2548	Amount of Contribution
Residential Street Address 506 Edison Rd	City Trumbull	State CT	Zip Code 06611	Date Received 12/31/2009	
Principal Occupation VP Operations	Name of Employer Colonial Coatings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Comeau	First Name Kristan	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 # 2550	Amount of Contribution
Residential Street Address 15 Woodcrest Dr	City Prospect	State CT	Zip Code 06712	Date Received 12/31/2009	
Principal Occupation Chef	Name of Employer Dom's Brickhouse Rest	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Connolly	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2551	Amount of Contribution
Residential Street Address 225 Forest Rd	City Stratford	State CT	Zip Code 06614	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Rodie & Connolly	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Crandall	First Name Norma	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2554	Amount of Contribution
Residential Street Address 60 Alling St	City Kensington	State CT	Zip Code 06037	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Cubeta	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2555	Amount of Contribution
Residential Street Address 1203 Arbutus St	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Senior Vice President	Name of Employer The Hutensky Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name DeGennaro	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2557	Amount of Contribution
Residential Street Address 51 Paupassett Rd	City Derby	State CT	Zip Code 06418	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name DelMoro	First Name Sarah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2559	Amount of Contribution
Residential Street Address 355 Bethany Rd	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/31/2009	
Principal Occupation Aide	Name of Employer DMR	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Dempsey	First Name Tina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2560	Amount of Contribution
Residential Street Address 12 McClellan Ave	City Norwich	State CT	Zip Code 06360	Date Received 12/31/2009	
Principal Occupation Practice Manager	Name of Employer Sami Yousuf DDS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Desaulniers	First Name Leslie	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 # 2561	Amount of Contribution
Residential Street Address 343 Windham Ave	City Colchester	State CT	Zip Code 06415	Date Received 12/31/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Dorsi	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2565	Amount of Contribution
Residential Street Address 920 Ocean Ave # 3B	City West Haven	State CT	Zip Code 06516	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Donahue, Votto & DeGennaro	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Doyle	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2566	Amount of Contribution
Residential Street Address 75 Looking Glass Hill Rd	City Bantam	State CT	Zip Code 06750	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Fitzpatrick	First Name Delores	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2574	Amount of Contribution
Residential Street Address 62 Compass Ln	City West Haven	State CT	Zip Code 06516	Date Received 12/31/2009		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 Frost	First Name Amanda	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 # 2577	Amount of Contribution
Residential Street Address 7 Catherine St	City Darien	State CT	Zip Code 06820	Date Received 12/31/2009		
Principal Occupation Domestic	Name of Employer Sheryl Sachs	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 Garsten	First Name Joel	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 # 2578	Amount of Contribution
Residential Street Address 47 Harvest Ct	City Cheshire	State CT	Zip Code 06410	Date Received 12/31/2009		
Principal Occupation Physician	Name of Employer Sigestive Disease Center of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 Gaudet	First Name Monique	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 # 2579	Amount of Contribution
Residential Street Address 49 Cambridge Ct	City Beacon Falls	State CT	Zip Code 06403	Date Received 12/31/2009		
Principal Occupation Paralegal	Name of Employer Sousa & Stone LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Grasseler	First Name Diana	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2580	Amount of Contribution
Residential Street Address 42 Anderson Rd	City Sherman	State CT	Zip Code 06784	Date Received 12/31/2009	
Principal Occupation Para	Name of Employer Sherman Board of ED	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
<hr/>					
Last Name Henry	First Name Christopher	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 # 2582	Amount of Contribution
Residential Street Address 100 Winthrop Rd	City Guilford	State CT	Zip Code 06437	Date Received 12/31/2009	
Principal Occupation Investment banking	Name of Employer UBS Investment Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Iamonaco	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2583	Amount of Contribution
Residential Street Address 297 Founders Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Isaac	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2584	Amount of Contribution
Residential Street Address 15 Sylvan Rd	City New Britain	State CT	Zip Code 06053	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Jacobs	First Name Andi	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2585	Amount of Contribution
Residential Street Address 71 Sterling Rdg	City Stowe	State VT	Zip Code 05672	Date Received 12/31/2009	
Principal Occupation Interior Designer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Jacobs	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2587	Amount of Contribution
Residential Street Address 71 Sterling Rdg	City Stowe	State VT	Zip Code 05672	Date Received 12/31/2009	
Principal Occupation Architect	Name of Employer SBJ Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jacques	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2588	Amount of Contribution
Residential Street Address 5 Dilaj Dr	City Columbia	State CT	Zip Code 06237	Date Received 12/31/2009	
Principal Occupation President	Name of Employer Hop River Concrete	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name James	First Name Harold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2589	Amount of Contribution
Residential Street Address 196 Belltown Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 12/31/2009	
Principal Occupation Owner	Name of Employer HJ Contractors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kennedy	First Name Kenneth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2592	Amount of Contribution
Residential Street Address 246 Terry Rd .	City Hartford	State CT	Zip Code 06105	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Office of Attorney General	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kokinis	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2594	Amount of Contribution
Residential Street Address 268 Coppermill Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Kuhne	First Name Wendy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2596	Amount of Contribution
Residential Street Address 200 Meadow St	City Litchfield	State CT	Zip Code 06759	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Lapore	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2597	Amount of Contribution
Residential Street Address 342 Goff Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 12/31/2009	
Principal Occupation Interior Painter	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Laraia	First Name Oscar	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2598	Amount of Contribution
Residential Street Address 47 Oxford St	City Wethersfield	State CT	Zip Code 06109	Date Received 12/31/2009	
Principal Occupation Window Treatments	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Laraia	First Name Rose	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2599	Amount of Contribution
Residential Street Address 47 Oxford St	City Wethersfield	State CT	Zip Code 06109	Date Received 12/31/2009	
Principal Occupation Window Treatments	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Leiserson	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2600	Amount of Contribution
Residential Street Address 15 Cella Ter	City North Haven	State CT	Zip Code 06473	Date Received 12/31/2009	
Principal Occupation Scientist	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name McCarty	First Name Janet	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2614	Amount of Contribution
Residential Street Address 15 Cella Ter	City North Haven	State CT	Zip Code 06473	Date Received 12/31/2009	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Levin	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2602	Amount of Contribution
Residential Street Address PO Box 65	City West Simsbury	State CT	Zip Code 06092	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Luddy	First Name Bernadine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2605	Amount of Contribution
Residential Street Address 1557 Kensington Rd	City Berlin	State CT	Zip Code 06037	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 MacDougald	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2609	Amount of Contribution
Residential Street Address 23 Silo Hill Rd .	City Madison	State CT	Zip Code 06443	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Tartan LTD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Mamlok	First Name Walter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2611	Amount of Contribution
Residential Street Address 1 S Ridge Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 12/31/2009	
Principal Occupation Teacher	Name of Employer Bloomfield BOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name May	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2613	Amount of Contribution
Residential Street Address 60 Barrows Ter	City Stratford	State CT	Zip Code 06614	Date Received 12/31/2009	
Principal Occupation Controller	Name of Employer Colonial Coatings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name McCormack	First Name Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2616	Amount of Contribution
Residential Street Address 218 Tryon St	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Assistant ROV	Name of Employer City of Middletown	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Mester	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2618	Amount of Contribution
Residential Street Address 77 Lemay St	City West Hartford	State CT	Zip Code 06107	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Mester, Grabow & Miller	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Minner	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2620	Amount of Contribution
Residential Street Address 28 Oakcrest Rd	City Oxford	State CT	Zip Code 06478	Date Received 12/31/2009	
Principal Occupation QA Manager	Name of Employer Colonial Coatings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Minogue	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2621	Amount of Contribution
Residential Street Address 80 Robertson Xing	City Fairfield	State CT	Zip Code 06825	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Mirabelle	First Name Anthony	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 # 2622	Amount of Contribution
Residential Street Address 107 Royalcrest Dr	City Prospect	State CT	Zip Code 06712	Date Received 12/31/2009	
Principal Occupation Rest Host	Name of Employer Dom's Brickhouse Rest	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Morico	First Name Vincent	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 # 2623	Amount of Contribution
Residential Street Address 153 Sawmill Rd	City West Haven	State CT	Zip Code 06516	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nelson	First Name Jonathan	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 # 2626	Amount of Contribution
Residential Street Address 3241 Burgundy Dr N	City Palm Beach Gardens	State FL	Zip Code 33410	Date Received 12/31/2009	
Principal Occupation Investor	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$275.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$275.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Nowlin	First Name Calvin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2627	Amount of Contribution
Residential Street Address 5 S Plumb Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Mechanic	Name of Employer Pratt and Whitney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Nyhart	First Name Nick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2628	Amount of Contribution
Residential Street Address 34R Goldfinch Rd	City Durham	State CT	Zip Code 06422	Date Received 12/31/2009	
Principal Occupation Executive Director	Name of Employer Public Campaign	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Parenteau	First Name Jacques	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2630	Amount of Contribution
Residential Street Address 584 Pendelton Hill Rd	City North Stonington	State CT	Zip Code 06359	Date Received 12/31/2009	
Principal Occupation Lawyer	Name of Employer Madsen Priestly Parenteau	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Peters	First Name Caren	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2631	Amount of Contribution
Residential Street Address 100 Belvedere St	City Boston	State MA	Zip Code 02199	Date Received 12/31/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Petrella	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 # 2632	Amount of Contribution
Residential Street Address 410 E Main St	City Meriden	State CT	Zip Code 06450	Date Received 12/31/2009	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Pike	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2634	Amount of Contribution
Residential Street Address 552 Hartford Rd	City Salem	State CT	Zip Code 06420	Date Received 12/31/2009	
Principal Occupation Account Executive	Name of Employer Hedden Insurance	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Prestley	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2636	Amount of Contribution
Residential Street Address 62 Whiting Ln	City West Hartford	State CT	Zip Code 06119	Date Received 12/31/2009	
Principal Occupation Lawyer	Name of Employer Madsen Prestley Pareateau	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Rossoff	First Name Mack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2637	Amount of Contribution
Residential Street Address 101 Central Park W	City New York	State NY	Zip Code 10023	Date Received 12/31/2009	
Principal Occupation Investment Banker	Name of Employer Rossoff & Co Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Sitaro	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2646	Amount of Contribution
Residential Street Address 101 Summer Ln	City Rocky Hill	State CT	Zip Code 06067	Date Received 12/31/2009	
Principal Occupation Emissions Contract Compliance Officer	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Socha	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2650	Amount of Contribution
Residential Street Address 12 Swan Rd	City Bozrah	State CT	Zip Code 06334	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sousa	First Name Emilie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2652	Amount of Contribution
Residential Street Address 358 Cedarwood Dr	City Orange	State CT	Zip Code 06477	Date Received 12/31/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sousa	First Name Zachary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2653	Amount of Contribution
Residential Street Address 358 Cedarwood Dr	City Orange	State CT	Zip Code 06477	Date Received 12/31/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Spinetti	First Name Daniel	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 # 2654	Amount of Contribution
Residential Street Address 5 Riverwood	City Farmington	State CT	Zip Code 06032	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Marc Needelman	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Stewart	First Name Thomas	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2655	Amount of Contribution	
Residential Street Address 140 Noble St	City West Haven	State CT	Zip Code 06516	Date Received 12/31/2009			
Principal Occupation Contractor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$100.00	
\$100.00						\$100.00	
Last Name Stone	First Name Diane	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 # 2656	Amount of Contribution	
Residential Street Address 3195 Whitney Ave	City Hamden	State CT	Zip Code 06518	Date Received 12/31/2009			
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$100.00	
\$100.00						\$100.00	
Last Name Tabor	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2657	Amount of Contribution	
Residential Street Address 127 Cherry Hill Rd	City Middlefield	State CT	Zip Code 06455	Date Received 12/31/2009			
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$50.00	
\$50.00						\$50.00	
Last Name Tomasitis	First Name David	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 # 2658	Amount of Contribution	
Residential Street Address 34 Chestnut Ln	City East Berlin	State CT	Zip Code 06023	Date Received 12/31/2009			
Principal Occupation Director QA	Name of Employer Colonial Coatings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$200.00	
\$200.00						\$200.00	

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Toomey	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2659	Amount of Contribution
Residential Street Address 9 Greenwood Dr	City Avon	State CT	Zip Code 06001	Date Received 12/31/2009	
Principal Occupation Sales Manager	Name of Employer Colonial Coatings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Tougas	First Name Alex	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 # 2660	Amount of Contribution
Residential Street Address 111 Colonel Chester Dr	City Wethersfield	State CT	Zip Code 06109	Date Received 12/31/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Tougas	First Name Maria	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2661	Amount of Contribution
Residential Street Address 11 Colonel Chester Dr .	City Wethersfield	State CT	Zip Code 06109	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Scott & Scott	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Tursi	First Name Wayne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2663	Amount of Contribution
Residential Street Address PO Box 1096	City South Windsor	State CT	Zip Code 06074	Date Received 12/31/2009	
Principal Occupation HVAC	Name of Employer All Temp Heating and Cooling	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00



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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Zarcaro	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2670	Amount of Contribution
Residential Street Address 12 Olmstead Rd	City Enfield	State CT	Zip Code 06082	Date Received 12/31/2009	
Principal Occupation Insurance Agent	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Morin	First Name Russell	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2624	Amount of Contribution
Residential Street Address 495 Brimfield Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 12/31/2009	
Principal Occupation Legislator	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Eriksen	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2569	Amount of Contribution
Residential Street Address 81 Haddam Quarter Rd	City Durham	State CT	Zip Code 06422	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Schulman	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2642	Amount of Contribution
Residential Street Address 167 Old Zoar Rd	City Monroe	State CT	Zip Code 06468	Date Received 12/31/2009	
Principal Occupation Audiologist	Name of Employer ENT Specialists	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name DiMatteo	First Name Armand	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 # 2563	Amount of Contribution
Residential Street Address 41 Boulder Dr	City Rocky Hill	State CT	Zip Code 06067	Date Received 12/31/2009	
Principal Occupation VP	Name of Employer DiMatteo Construction, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Macdonald	First Name Lynn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2607	Amount of Contribution
Residential Street Address 32 W Ridge Dr	City Rocky Hill	State CT	Zip Code 06067	Date Received 12/31/2009	
Principal Occupation Yoga Instructor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 MacDonald	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2608	Amount of Contribution
Residential Street Address 32 W Ridge Dr	City Rocky Hill	State CT	Zip Code 06067	Date Received 12/31/2009	
Principal Occupation Senior VP	Name of Employer XL Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Jacobs	First Name Jordan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2586	Amount of Contribution
Residential Street Address 273 Main St	City Hampton	State CT	Zip Code 06247	Date Received 12/31/2009	
Principal Occupation Art Director	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Engel	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2568	Amount of Contribution
Residential Street Address 273 Main St	City Hampton	State CT	Zip Code 06247	Date Received 12/31/2009	
Principal Occupation Physician	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Faraci	First Name Salvatore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2571	Amount of Contribution
Residential Street Address 25 Schuyler Ave	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$25.00
Last Name Faraci	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2572	Amount of Contribution
Residential Street Address 25 Schuyler Ave	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Registrar of Voters	Name of Employer City of Middletown	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$25.00
Last Name Bloom	First Name Amy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2536	Amount of Contribution
Residential Street Address 336 Foot Hills Rd	City Durham	State CT	Zip Code 06422	Date Received 12/31/2009	
Principal Occupation Writer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Madsen	First Name Maria	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 # 2610	Amount of Contribution
Residential Street Address 192 Coleman Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Lawyer	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Fontana	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2575	Amount of Contribution
Residential Street Address 75 Long Hill Rd	City Middlefield	State CT	Zip Code 06455	Date Received 12/31/2009	
Principal Occupation None	Name of Employer Brescome Barton Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Donaldson	First Name Ava	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 # 2564	Amount of Contribution
Residential Street Address 125 Clover St	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Messenger	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2617	Amount of Contribution
Residential Street Address 1573 Boulevard	City West Hartford	State CT	Zip Code 06107	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Finn	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 # 2573	Amount of Contribution
Residential Street Address 17 Princess Wenonah Dr	City Shelton	State CT	Zip Code 06484	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Viggiani	First Name Carl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2665	Amount of Contribution
Residential Street Address 64 Main St	City East Haddam	State CT	Zip Code 06423	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 O'Brien	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 # 2629	Amount of Contribution
Residential Street Address 37 Cricket Ct	City Old Saybrook	State CT	Zip Code 06475	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Beeney	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2532	Amount of Contribution
Residential Street Address 120 Mitchell St	City Groton	State CT	Zip Code 06340	Date Received 12/31/2009	
Principal Occupation Insurance	Name of Employer Hedden Insurance	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Desaulniers	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2562	Amount of Contribution
Residential Street Address 26 Lucas Park Rd	City Norwich	State CT	Zip Code 06360	Date Received 12/31/2009	
Principal Occupation Therapy	Name of Employer ECRC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Postler	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2635	Amount of Contribution
Residential Street Address 53 Sherwood Ln	City Norwich	State CT	Zip Code 06360	Date Received 12/31/2009	
Principal Occupation VP	Name of Employer Postler Comm Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Braisted	First Name Bettina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2538	Amount of Contribution
Residential Street Address 155 Boston Post Rd	City Madison	State CT	Zip Code 06443	Date Received 12/31/2009	
Principal Occupation Flagmaker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Ryan	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2640	Amount of Contribution
Residential Street Address 298 Main St	City Hampton	State CT	Zip Code 06247	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Yagaloff	First Name Gail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2669	Amount of Contribution
Residential Street Address 65 Pheasant Way	City South Windsor	State CT	Zip Code 06074	Date Received 12/31/2009	
Principal Occupation Paralegal	Name of Employer Keith Yagaloff PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Aponte	First Name Marisol	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2529	Amount of Contribution
Residential Street Address 69 Bloomfield Ave	City Hartford	State CT	Zip Code 06105	Date Received 12/31/2009	
Principal Occupation Nurse Practitioner	Name of Employer ABOE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Jordan	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2591	Amount of Contribution
Residential Street Address 29 Elmwood St	City Naugatuck	State CT	Zip Code 06770	Date Received 12/31/2009	
Principal Occupation Accountant	Name of Employer Unger Enterprises Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Shaw	First Name Sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2645	Amount of Contribution
Residential Street Address 71 Imperial Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 12/31/2009	
Principal Occupation Teacher	Name of Employer Shirley Reebok Children	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$275.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Shaw	First Name Keith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2644	Amount of Contribution
Residential Street Address 71 Imperial Dr	City Glastonbury	State CT	Zip Code 06033	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Keith Shaw & Associates, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Woolley	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2668	Amount of Contribution
Residential Street Address 9 Bellaire Rd	City Old Lyme	State CT	Zip Code 06371	Date Received 12/31/2009	
Principal Occupation Bank Officer	Name of Employer The Washington Trust Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$125.00
Last Name Schirillo	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2641	Amount of Contribution
Residential Street Address 265 Dahl Ave	City Stratford	State CT	Zip Code 06614	Date Received 12/31/2009	
Principal Occupation Conn. State Police	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$100.00
Last Name DaSilva	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2556	Amount of Contribution
Residential Street Address 17 Mountainville Ave	City Danbury	State CT	Zip Code 06810	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer DePanfilis & Vallerie, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Sharron	First Name Art	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2643	Amount of Contribution
Residential Street Address 10 Carey Ln	City Norwich	State CT	Zip Code 06360	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Rowtham-Kennedy	First Name Monique	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2638	Amount of Contribution
Residential Street Address 246 Terry Rd	City Hartford	State CT	Zip Code 06105	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer American Electric Power	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Luby	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 2604	Amount of Contribution
Residential Street Address 405 Broad St	City Meriden	State CT	Zip Code 06450	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Luby-Olson, P.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Lesser	First Name Matthew	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 # 2601	Amount of Contribution
Residential Street Address 1160 S Main St	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Legislator	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Casey	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2547	Amount of Contribution
Residential Street Address 83 Peach Tree Ln	City Bristol	State CT	Zip Code 06010	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Cooney Scully & Dowling	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name LoMonte	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 # 2603	Amount of Contribution
Residential Street Address 39 W Wynd Ter	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Real Estate Appraiser	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Klimas	First Name Ellen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2593	Amount of Contribution
Residential Street Address 694 Ridge Rd	City Middletown	State CT	Zip Code 06457	Date Received 12/31/2009	
Principal Occupation Office Manager	Name of Employer Middletown Toyota	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Mas	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2612	Amount of Contribution
Residential Street Address 14 Osborne Hill Rd	City Sandy Hook	State CT	Zip Code 06482	Date Received 12/31/2009	
Principal Occupation Caretaker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Carmell	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2546	Amount of Contribution
Residential Street Address 11 Highwood Ln	City Westport	State CT	Zip Code 06880	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Ford and Harrison	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Guandalini	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2581	Amount of Contribution
Residential Street Address 1810 Ridge Rd	City North Haven	State CT	Zip Code 06473	Date Received 12/31/2009	
Principal Occupation Ins Sales	Name of Employer Richard Guandalini	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name James	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2590	Amount of Contribution
Residential Street Address 257 Belltown Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Cotten	First Name Jonathan	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 # 2552	Amount of Contribution
Residential Street Address 237 Colony Rd	City New Haven	State CT	Zip Code 06511	Date Received 12/31/2009	
Principal Occupation Teacher	Name of Employer New Haven Public School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$155.00	\$100.00



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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Mozzicato	First Name Paolo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2625	Amount of Contribution
Residential Street Address 333 Franklin Ave	City Hartford	State CT	Zip Code 06114	Date Received 12/31/2009	
Principal Occupation Baker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Dell'Aera	First Name Anthony	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 # 2558	Amount of Contribution
Residential Street Address 67 Atkins Ave	City Bristol	State CT	Zip Code 06010	Date Received 12/31/2009	
Principal Occupation Professor	Name of Employer Trinity College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	\$30.00
Last Name Belliveau	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2535	Amount of Contribution
Residential Street Address 361 Mountain Rd	City West Hartford	State CT	Zip Code 06107	Date Received 12/31/2009	
Principal Occupation Social Worker	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Luddy	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 # 2606	Amount of Contribution
Residential Street Address 1557 Kensington Rd	City Kensington	State CT	Zip Code 06037	Date Received 12/31/2009	
Principal Occupation Vice President	Name of Employer Campbell Mortgage	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name Kokoska	First Name Stanley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2595	Amount of Contribution
Residential Street Address 310 Mansfield Ave	City Willimantic	State CT	Zip Code 06226	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$125.00
Last Name Formica	First Name Glenn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2576	Amount of Contribution
Residential Street Address 34 Fernwood Ave	City Guilford	State CT	Zip Code 06437	Date Received 12/31/2009	
Principal Occupation Attorney	Name of Employer Mirrione & Formica, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Chiarelli	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 2549	Amount of Contribution
Residential Street Address 2714 Whitney Ave	City Hamden	State CT	Zip Code 06518	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Millington	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 # 2619	Amount of Contribution
Residential Street Address 49 Kinney Hill Rd	City New Preston	State CT	Zip Code 06777	Date Received 12/31/2009	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**B. Itemized Contributions from Individuals**

Last Name McClurg	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 2615	Amount of Contribution
Residential Street Address 100 Whiting Ln	City West Hartford	State CT	Zip Code 06119	Date Received 12/31/2009		
Principal Occupation Architect	Name of Employer Marx Okubo	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
<b>Total of Section B</b>						<b>\$100.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>						<b>\$120,780.00</b>
(Sections A & B)      (Total on Line 14 of Summary Page)						

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

NAME OF COMMITTEE						FILING DUE DATE
Friends Of Susan 2010, Inc.						Original 01/11/2010
C1. Contributions from Other Committees						
Name of Committee Bricklayers & Allied Craftworkers Local 1				Name of Treasurer Timothy Palmeri		
Address 17 N Plains Industrial Rd			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		Amount of Contribution	
City Wallingford	State CT	Zip Code 06492	Date Received 11/02/2009	Aggregate Contributions \$375.00	\$375.00	
Name of Committee CT State Prison Employees AFSCME Local 391				Name of Treasurer Todd Sokolowski		
Address 109 Elm St			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		Amount of Contribution	
City Enfield	State CT	Zip Code 06082	Date Received 11/10/2009	Aggregate Contributions \$375.00	\$375.00	
Name of Committee Polish Americans of CT PAC				Name of Treasurer Mark Laczewski		
Address 82 Vine St			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		Amount of Contribution	
City New Britain	State CT	Zip Code 06052	Date Received 11/12/2009	Aggregate Contributions \$375.00	\$375.00	
Name of Committee Teamsters Local 443 PAC				Name of Treasurer Robert Bayusik		
Address 200 Wallace St			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		Amount of Contribution	
City New Haven	State CT	Zip Code 06507	Date Received 11/12/2009	Aggregate Contributions \$375.00	\$375.00	
Name of Committee Roofers Political Educational Legislative Fund				Name of Treasurer Harold Davidson		
Address 15 Bernhard Rd			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		Amount of Contribution	
City North Haven	State CT	Zip Code 06473	Date Received 11/12/2009	Aggregate Contributions \$375.00	\$375.00	

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**C1. Contributions from Other Committees**

Name of Committee Sheetmetal Workers Local Union 38 CT PAC				Name of Treasurer Stephen Quaranto			
Address 38 Starr Ridge Rd			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event #				
			<input checked="" type="checkbox"/> No				
City Brewster	State NY	Zip Code 10509	Date Received 11/12/2009	Aggregate Contributions \$250.00		\$250.00	
Name of Committee UFCW Local 371 PAC				Name of Treasurer Brian Petronella			
Address 290 Post Rd W			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event #				
			<input checked="" type="checkbox"/> No				
City Westport	State CT	Zip Code 06880	Date Received 11/12/2009	Aggregate Contributions \$375.00		\$375.00	
Name of Committee CWA Local 1298				Name of Treasurer Janet Bellaite			
Address 3055 Dixwell Ave			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event #				
			<input checked="" type="checkbox"/> No				
City Hamden	State CT	Zip Code 06518	Date Received 11/12/2009	Aggregate Contributions \$350.00		\$350.00	
Name of Committee Connecticut Employees Union-Independent				Name of Treasurer Leslie Maddocks			
Address 110 Randolph Rd			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event #				
			<input checked="" type="checkbox"/> No				
City Middletown	State CT	Zip Code 06457	Date Received 11/20/2009	Aggregate Contributions \$375.00		\$375.00	
Name of Committee CT Correction Employees Union PAC				Name of Treasurer Gregg Rubino			
Address 90 Court St			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event #				
			<input checked="" type="checkbox"/> No				
City Middletown	State CT	Zip Code 06457	Date Received 11/20/2009	Aggregate Contributions \$375.00		\$375.00	

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**C1. Contributions from Other Committees**

Name of Committee Iron PAC 424				Name of Treasurer Andrew Esposito			
Address 15 Bernhard Rd			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City North Haven	State CT	Zip Code 06473	Date Received 11/24/2009	Aggregate Contributions \$375.00		\$375.00	
Name of Committee CT Laborers' Political League				Name of Treasurer Charles LeConche			
Address 475 Ledyard St			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Hartford	State CT	Zip Code 06114	Date Received 11/24/2009	Aggregate Contributions \$375.00		\$375.00	
Name of Committee UA Plumbers & Steamfitters Local Union 777 PAC				Name of Treasurer Hubert Barnes			
Address 1250 E Main St			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Meriden	State CT	Zip Code 06450	Date Received 11/24/2009	Aggregate Contributions \$375.00		\$375.00	
Name of Committee IBEW Local 420 Political Committee				Name of Treasurer Robert Lanese			
Address 550 Wolcott St			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Waterbury	State CT	Zip Code 06705	Date Received 11/30/2009	Aggregate Contributions \$375.00		\$375.00	
Name of Committee Carpenters Local 43 PAC				Name of Treasurer Martin Alvaenga			
Address 885 Wethersfield Ave			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input checked="" type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No 12032009A				
City Hartford	State CT	Zip Code 06114	Date Received 12/03/2009	Aggregate Contributions \$375.00		\$375.00	

	<b>Total of Section C1</b> <b>\$5,475.00</b>
--	--

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**C2. Reimbursements or Payments from other Committees**

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**D. Loans Received this Period**

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

**Total of Section D**

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**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**

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
Friends Of Susan 2010, Inc.					Original 01/11/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE	FILING DUE DATE			
Friends Of Susan 2010, Inc.	Original 01/11/2010			
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution	Date Received	Total Amount Received		
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			FILING DUE DATE	
Friends Of Susan 2010, Inc.			Original 01/11/2010	
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>				
Purpose of Grant: Initial Primary                      General or Special Election	Supplemental/Independent Expenditure Primary                      General or Special Election		Date Received	Amount
	Supplemental/Post Election Deficit General or Special Election			
<b>Total of Section H</b>				

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

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Susan 2010, Inc.				Original 01/11/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

### J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 12/03/2009	Letter A Reception Event	30 Greenfield St	Wethersfield	CT	06109

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 12/08/2009	Letter A Reception Event	7 Bluewater HI S	Westport	CT	06880

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 12/09/2009	Letter A Reception Event	91 Raymond Hill Rd	Uncasville	CT	06382

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 12/10/2009	Letter A Reception Event	937 Chase Pkwy	Waterbury	CT	06708

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 12/15/2009	Letter A Reception Event	1339 Whirlwind Hill Rd	Wallingford	CT	06492

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
Friends Of Susan 2010, Inc.	Original 01/11/2010

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City	State	Zip Code
12/16/2009 A	Reception Event	45 Ives St	Hamden	CT	06518
Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

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

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

**Total of Section J2**



**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**K. In-Kind Contributions**

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

**Total of Section K**

**III. Non Monetary Receipts**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

**L. Refundable Deposit to Telephone Company**

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

**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Susan 2010, Inc.				Original 01/11/2010	
<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	
<b>Total of Section M</b>					

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Kuzmak-Williams & Assoc. LLC	10/01/2009	<input checked="" type="checkbox"/> Check #	
Street Address 2264 Silas Deane Hwy	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure OVHD		<input type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$600.00
First Data Merchant Services	10/02/2009	<input type="checkbox"/> Check #	
Street Address Webster Bank, PO Box 6600	City Hagerstown	State MD	Zip Code 21740
Purpose of Expenditure WEB		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$109.73
First Data Merchant Services	10/02/2009	<input type="checkbox"/> Check #	
Street Address Webster Bank, PO Box 6600	City Hagerstown	State MD	Zip Code 21740
Purpose of Expenditure WEB		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$7.80

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					10/02/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$24.35	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					10/02/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$15.98	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					10/05/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5.80	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
PC Accounting Solutions, LLC	10/05/2009	<input checked="" type="checkbox"/> Check #		
Street Address 191 Old Farms E	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure CNSLT				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$650.00	
PC Accounting Solutions, LLC	10/05/2009	<input checked="" type="checkbox"/> Check #		
Street Address 191 Old Farms E	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$8.09	
CT Women's Ed & Legal Fund, Inc.	10/05/2009	<input checked="" type="checkbox"/> Check #		
Street Address 75 Charter Oak Ave Ste 1-300	City Hartford	State CT		Zip Code 06106
Purpose of Expenditure A-OTH				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$130.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
David Donaldson					10/05/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
125 Clover St	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$190.00
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/06/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$98.21
Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Associates, LLC					10/06/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1102 Sumac Dr	Eddyville	KY	42038	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3,000.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/07/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$46.61
Name of Payee					Date of Payment	Method of Payment	Amount
Anthem Health Plan					10/07/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
370 Bassett Rd	North Haven	CT	06473	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$224.99
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/08/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$19.63

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Robert Wimberley					10/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1005		
355 Interstate St SW # S622	Washington	DC	20024	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$56.45
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
United Church/RAD					10/08/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	A-OTH		
323 Temple St	New Haven	CT	06511		<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$250.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					10/13/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	BNK		
PO Box 6600	Hagerstown	MD	21740		<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$10.00
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/13/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$9.42
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/13/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$8.54
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					10/13/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	CT	06109	PRNT	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$55.97

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Office Depot				10/13/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1295 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$29.67
Name of Payee				Date of Payment	Method of Payment	Amount
Kathryn Hale				10/15/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
54 Orchard Hill Dr	South Windsor	CT	06074	REF		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$60.00
Name of Payee				Date of Payment	Method of Payment	Amount
USPS				10/15/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St	Rocky Hill	CT	06067	POST		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$34.81

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Latino & Puerto Rican Affairs Commission				10/15/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
18-20 Trinity St	Hartford	CT	06106	A-OTH		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$300.00
Name of Payee				Date of Payment	Method of Payment	Amount
Ellen M. Graham				10/15/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
156 Pierremount Ave	New Britain	CT	06053	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1,500.00
Name of Payee				Date of Payment	Method of Payment	Amount
United States Treasury				10/16/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Department of the Treasury, Internal Rev	Cincinnati	OH	45999	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$229.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					10/16/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1295 Silas Deane Hwy	Wethersfield	CT	06109	PRNT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$48.27	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					10/16/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1295 Silas Deane Hwy	Wethersfield	CT	06109	POST			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$42.15	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/19/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church St	Rocky Hill	CT	06069	POST			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$13.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Office Of The Secretary of State					10/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 150470	Hartford	CT	06115	TRVL	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$145.20
Name of Payee					Date of Payment	Method of Payment	Amount
Bennett, Petts, & Normington					10/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1010 Wisconsin Ave NW Ste 208	Washington	DC	20007	POLLS	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$24,500.00
Name of Payee					Date of Payment	Method of Payment	Amount
David Donaldson					10/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
125 Clover St	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$190.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Susan Bysiewicz					10/20/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
125 Clover St	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$333.22	
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/20/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$19.20	
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					10/21/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	CT	06109	PRNT	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$66.14	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					10/21/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$18.54	
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/22/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$35.92	
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					10/23/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	CT	06109	PRNT	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$38.93	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/25/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		Amount	
<input type="checkbox"/> Yes						\$32.83	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/26/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		Amount	
<input type="checkbox"/> Yes						\$27.72	
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Administrator Unemployment Compensation					10/28/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Department of Labor, Employment Security	Hartford	CT	06104	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		Amount	
<input type="checkbox"/> Yes						\$112.50	
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Susan Bysiewicz					10/29/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
125 Clover St	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$79.80
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					10/29/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1225 Eye St NW Ste 1225	Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,025.00
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					10/29/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1225 Eye St NW Ste 1225	Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$180.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					10/30/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$10.50
Name of Payee					Date of Payment	Method of Payment	Amount
Stop & Shop					10/30/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
80 Town Line Rd	Rocky Hill	CT	06067	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$7.41
Name of Payee					Date of Payment	Method of Payment	Amount
Kuzmak-Williams & Assoc. LLC					10/31/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
2264 Silas Deane Hwy	Rocky Hill	CT	06067	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$600.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Ellen M. Graham					10/31/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
156 Pierremount Ave	New Britain	CT	06053	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,500.00
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					11/03/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$23.70
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					11/03/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$37.85

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Friends Of Susan 2010, Inc.						Original 01/11/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
AT&T				11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1119</u>	
PO Box 8110	Aurora	IL	60507	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$417.21
Name of Payee				Date of Payment	Method of Payment	Amount
Dave Killian				11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1121</u>	
149 Brandy St	Bolton	CT	06043	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$41.70
Name of Payee				Date of Payment	Method of Payment	Amount
Susan Bysiewicz				11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1125</u>	
125 Clover St	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$40.03

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					11/04/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$171.10	
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					11/04/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$53.82	
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					11/04/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$35.81	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Robert Wimberley					11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1124		
355 Interstate St SW # S622	Washington	DC	20024	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Associates, LLC					11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1122		
1102 Sumac Dr	Eddyville	KY	42038	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$4,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1123		
191 Old Farms E	Middletown	CT	06457	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$650.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
191 Old Farms E	Middletown	CT	06457	RCW	1123 <input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$11.60
Name of Payee					Date of Payment	Method of Payment	Amount
Caryn B. Davis					11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 583	Chester	CT	06412	A-OTH	1118 <input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$530.00
Name of Payee					Date of Payment	Method of Payment	Amount
BuzzMaker, LLC					11/04/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
322 Shepherd St NW	Washington	DC	20011	WEB	1120 <input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,866.67

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Anthem Health Plan					11/05/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
370 Bassett Rd	North Haven	CT	06473	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$224.99	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					11/09/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church St	Rocky Hill	CT	06067	POST			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$53.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Associates, LLC					11/10/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
1102 Sumac Dr	Eddyville	KY	42038	CNSLT	1126		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$7,000.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					11/12/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$52.74
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					11/12/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$14.83
Name of Payee					Date of Payment	Method of Payment	Amount
Susan Bysiewicz					11/13/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
125 Clover St	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$37.05

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan 2010, Inc.						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
David Donaldson					11/13/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1128</u>	
125 Clover St		Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$190.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					11/13/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St		Rocky Hill	CT	06067	POST		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$22.53
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Ellen M. Graham					11/15/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1129</u>	
156 Pierremount Ave		New Britain	CT	06053	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,500.00
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
East Haven Xtra Fuel	11/16/2009	<input type="checkbox"/> Check #	\$40.72	
Street Address 720 Foxon Rd	City East Haven	State CT		Zip Code 06512
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
United States Treasury	11/16/2009	<input type="checkbox"/> Check #	\$229.00	
Street Address Department of the Treasury, Internal Rev.	City Cincinnati	State OH		Zip Code 45999
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
Office Depot	11/16/2009	<input type="checkbox"/> Check #	\$37.08	
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109
Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					11/16/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	CT	06109	PRNT	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$43.67
Name of Payee					Date of Payment	Method of Payment	Amount
Town of Wethersfield					11/16/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
30 Greenfield St	Wethersfield	CT	06109	FNDR	5003 <input type="checkbox"/> Debit Card		
Description						Event #	
rental of space						12032009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$275.00
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					11/17/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$21.51

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
VFW Post 10060					11/19/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1130		
PO Box 67	Uncasville	CT	06382	FNDR	<input type="checkbox"/> Debit Card		
Description					Event #		
					12092009A		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$360.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mobil On The Go					11/23/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1130		
427 S Main St	Middletown	CT	06457	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$42.38
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					11/23/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1130		
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$88.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					11/23/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1295 Silas Deane Hwy	Wethersfield	CT	06109	PRNT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$11.35	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Andis Corp.					11/24/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1340 Silad Deane Hwy	Wethersfield	CT	06109	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$43.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					11/25/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
1225 Eye St NW Ste 12255	Washington	DC	20005	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
USPS	11/25/2009	<input type="checkbox"/> Check #	
Street Address 32 Church St	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure POST		<input checked="" type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$2,200.00
Name of Payee	Date of Payment	Method of Payment	Amount
Jim Cunningham & Associates, LLC	11/25/2009	<input checked="" type="checkbox"/> Check #	
Street Address 1102 Sumac Dr	City Eddyville	State KY	Zip Code 42038
Purpose of Expenditure CNSLT		<u>1131</u> <input type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$127.25
Name of Payee	Date of Payment	Method of Payment	Amount
Ellen M. Graham	11/25/2009	<input checked="" type="checkbox"/> Check #	
Street Address 156 Pierremount Ave	City New Britain	State CT	Zip Code 06053
Purpose of Expenditure RCW		<u>5004</u> <input type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$474.43

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan 2010, Inc.						Original 01/11/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					11/27/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06033	PRNT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$200.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					11/27/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1295 Silas Deane Hwy		Wethersfield	CT	06109	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$89.02
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					11/27/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1295 Silas Deane Hwy		Wethersfield	CT	06109	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$74.18
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

## N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					11/27/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
1295 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$74.18
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					11/29/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
125 Washington St	Rochester	NH	03867	PRNT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$371.50
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Shell					11/30/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
405 S Main St	Middletown	CT	06457	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$43.78
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Ellen M. Graham					11/30/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1133		
156 Pierremount Ave	New Britain	CT	06053	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,500.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Office Of The Secretary of State					12/01/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1138		
PO Box 150470	Hartford	CT	06115	TRVL	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$385.55
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					12/01/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1138		
49 Putnam Blvd	Glastonbury	CT	06033	PRNT	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$371.50
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Kuzmak-Williams & Assoc., LLC	12/01/2009	<input checked="" type="checkbox"/> Check #		
Street Address 2264 Silas Deane Hwy	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure OVHD				1134
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$600.00	
NGP Software, Inc.	12/01/2009	<input checked="" type="checkbox"/> Check #		
Street Address 1225 Eye St NW Ste 1225	City Washington	State DC		Zip Code 20005
Purpose of Expenditure WEB				1135
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$825.00	
PC Accounting Solutions, LLC	12/01/2009	<input checked="" type="checkbox"/> Check #		
Street Address 191 Old Farms E	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure CNSLT				1139
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$650.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					12/01/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1139		
191 Old Farms E	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$7.76	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					12/01/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1140		
PO Box 8110	Aurora	IL	60507	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$872.98	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Hartford Gay & Lesbian Health Collect					12/01/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1137		
PO Box 20944	Hartford	CT	06145	A-OTH	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$100.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Exxon Mobil	12/02/2009	<input type="checkbox"/> Check #		
Street Address 1340 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109
Purpose of Expenditure TRVL				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$38.44	
USPS	12/02/2009	<input type="checkbox"/> Check #		
Street Address 32 Church St	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure POST				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,540.00	
First Data Merchant Services	12/02/2009	<input type="checkbox"/> Check #		
Street Address Webster Bank, PO Box 6600	City Hagerstown	State MD		Zip Code 21740
Purpose of Expenditure WEB				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$8.50	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan 2010, Inc.						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					12/02/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Webster Bank, PO Box 6600		Hagerstown	MD	21740	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$30.83
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					12/02/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Webster Bank, PO Box 6600		Hagerstown	MD	21740	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$24.60
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					12/03/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Webster Bank, PO Box 6600		Hagerstown	MD	21740	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$4.55
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					12/03/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$32.86	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					12/03/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$0.80	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Angelo's Family Restaurant					12/03/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
2705 Main St	Glastonbury	CT	06033	FNDR			
Description						Event #	
						12032009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
USPS	12/03/2009	<input type="checkbox"/> Check #	
Street Address 32 Church St	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure POST		<input checked="" type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$1,102.75
Name of Payee	Date of Payment	Method of Payment	Amount
Staples	12/03/2009	<input type="checkbox"/> Check #	
Street Address 49 Putnam Blvd	City Glastonbury	State CT	Zip Code 06033
Purpose of Expenditure PRNT		<input checked="" type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$278.78
Name of Payee	Date of Payment	Method of Payment	Amount
Staples	12/04/2009	<input type="checkbox"/> Check #	
Street Address 49 Putnam Blvd	City Glastonbury	State CT	Zip Code 06033
Purpose of Expenditure PRNT		<input checked="" type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$400.95

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
BJ's Wholesale Club	12/04/2009	<input type="checkbox"/> Check #	
Street Address 507 New Park Ave	City West Hartford	State CT	Zip Code 06110
Purpose of Expenditure FNDR		<input checked="" type="checkbox"/> Debit Card	
Description		Event # 12032009A	
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	
		\$108.94	
Name of Payee Anthem Health Plan	Date of Payment 12/07/2009	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$224.99	
Name of Payee Office Depot	Date of Payment 12/07/2009	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109
Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$18.25	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					12/07/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1295 Silas Deane Hwy	Wethersfield	CT	06109	PRNT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$28.30	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cobb's Mobil					12/07/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
273 Sawmill Rd	West Haven	CT	06516	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$45.98	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Suburban Stationers					12/09/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1144</u> <input type="checkbox"/> Debit Card		
16 Stack St	Middletown	CT	06457	OFFICE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,251.18	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Pond House Café	12/09/2009	<input checked="" type="checkbox"/> Check #		
Street Address 1555 Asylum Ave	City West Hartford	State CT		Zip Code 06117
Purpose of Expenditure FOOD				1141
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$106.00	
MB Associates, LLC	12/09/2009	<input checked="" type="checkbox"/> Check #		
Street Address 83 Foxcroft Rd	City West Hartford	State CT		Zip Code 06119
Purpose of Expenditure CNSLT				1146
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$11,130.00	
Carol Montanaro	12/09/2009	<input checked="" type="checkbox"/> Check #		
Street Address Carol Tudisco, 288 Sargeant St	City Hartford	State CT		Zip Code 06105
Purpose of Expenditure WEB				1142
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$200.00	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Jim Cunningham & Associates, LLC	12/09/2009	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 201 Grand Central Ave	City Ripley	State WV	Zip Code 24271
Purpose of Expenditure CNSLT			Event #
Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$7,000.00
Name of Payee	Date of Payment	Method of Payment	Amount
BuzzMaker, LLC	12/09/2009	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 322 Shepherd St	City Washington	State DC	Zip Code 20011
Purpose of Expenditure WEB			Event #
Description			
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
			\$5,832.33
Name of Payee	Date of Payment	Method of Payment	Amount
Gray Brand	12/09/2009	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 37 Thompson Hill Rd	City Canton	State CT	Zip Code 06019
Purpose of Expenditure A-OTH			Event #
Description			
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
			\$50.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
CMS Theatre Department					12/09/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
c/o Bev Brakeman, 124 Edgemere Ave	West Hartford	CT	06110	A-OTH	1149 <input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$10.00
Name of Payee					Date of Payment	Method of Payment	Amount
Food Bag					12/09/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
77 Greenwood Ave	Bethel	CT	06801	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$40.52
Name of Payee					Date of Payment	Method of Payment	Amount
Cross Automotive					12/09/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
708 Silas Deane Hwy	Wethersfield	CT	06109	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$41.66

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
United States Treasury					12/09/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Department of the Treasury, Internal Rev	Cincinnati	OH	45999	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$229.00
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Wimberley					12/09/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
355 Interstate St SW # S622	Washington	DC	20024	CNSLT	1143 <input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
Postmaster					12/10/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
340 Main St	Norwich	CT	06360	POST	5006 <input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$4,225.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Founders Sunoco					12/11/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
131 Darlin St	East Hartford	CT	06108	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$44.05	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Simeones Mobil					12/14/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
176 West St	Cromwell	CT	06416	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$45.74	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Spartan					12/14/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
970 Chase Pkwy	Waterbury	CT	06708	FOOD			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$159.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					12/14/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$134.41
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					12/14/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$9.52
Name of Payee					Date of Payment	Method of Payment	Amount
BJ's Wholesale Club					12/15/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
507 New Park Ave	West Hartford	CT	06119	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$52.99

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Ellen M. Graham	12/15/2009	<input checked="" type="checkbox"/> Check #		
Street Address 156 Pierremount Ave	City New Britain	State CT		Zip Code 06053
Purpose of Expenditure WAGE				1150
Description				<input type="checkbox"/> Debit Card
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	
			\$1,500.00	
BJ's Wholesale Club	12/16/2009	<input type="checkbox"/> Check #		
Street Address 1048 N Colony Rd	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure FNDR				12152009A
Description				<input checked="" type="checkbox"/> Debit Card
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	
			\$47.04	
Office Of The Secretary of State	12/17/2009	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 1504700	City Hartford	State CT		Zip Code 06115
Purpose of Expenditure TRVL				1154
Description				<input type="checkbox"/> Debit Card
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	
			\$125.40	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Carini's Pizzeria	12/17/2009	<input type="checkbox"/> Check #		
Street Address 822 E Center St	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure FNDR		<input checked="" type="checkbox"/> Debit Card		
Description		Event # 12152009A		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		
<b>\$151.05</b>				
Office Depot	12/17/2009	<input type="checkbox"/> Check #		
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109
Purpose of Expenditure PRNT		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		
<b>\$82.68</b>				
NGP Software, Inc.	12/17/2009	<input checked="" type="checkbox"/> Check #		
Street Address 1225 Eye St NW Ste 1225	City Washington	State DC		Zip Code 20005
Purpose of Expenditure WEB		<input type="checkbox"/> Debit Card <u>1153</u>		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		
<b>\$90.00</b>				

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
David Donaldson	12/17/2009	<input checked="" type="checkbox"/> Check #	\$190.00	
Street Address 125 Clover St	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure RCW				1151
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
Ideal Printing Company, Inc.	12/17/2009	<input checked="" type="checkbox"/> Check #	\$162.08	
Street Address PO Box 8488	City New Haven	State CT		Zip Code 06531
Purpose of Expenditure PRNT				1152
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check #	\$586.36	
Street Address 67 Burr St	City West Hartford	State CT		Zip Code 06107
Purpose of Expenditure RCW				5052
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Exxonmobil					12/18/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
427 S Main St	Middletown	CT	06457	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$37.25	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					12/21/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					12/21/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
PO Box 6600	Hagerstown	MD	21740	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					12/21/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$132.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					12/21/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$47.68	
Name of Payee					Date of Payment	Method of Payment	Amount
Andis Corp.					12/21/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1340 Silas Deane Hwy	Wethersfield	CT	06109	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$41.78	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Munsons Chocolates					12/21/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
West Farms	Farmington	CT	06030	Gift *			
Description						Event #	
gifts for campaign workers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$206.38
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Holy Trinity Greek Orthodox Church					12/22/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
937 Chase Pkwy	Waterbury	CT	06701	FNRD			
Description						Event #	
						12102009A	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$400.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Rick Sheiber					12/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input type="checkbox"/> Debit Card	
286 Sargeant St Fl 3	Hartford	CT	06105	A-WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$450.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

## N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Tanya Meck					12/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1159		
83 Foxcroft St	West Hartford	CT	06119	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes							\$60.94
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Ct Beverage Mart					12/23/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1159		
955 Washington St	Middletown	CT	06457	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes							\$249.88
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
CT Working Families Organization					12/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1157		
30 Arbor St Ste 210	Hartford	CT	06106	A-OTH	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes							\$250.00
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					12/23/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$132.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Suburban Stationers					12/23/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
16 Stack St	Middletown	CT	06457	OFFICE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$180.15	
Name of Payee					Date of Payment	Method of Payment	Amount
Express Pay Exxonmobil					12/29/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
107 Ella Grasso Tpke	Windsor Locks	CT	06096	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$20.33	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Shell					12/30/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
991 Blue Hills Ave	Bloomfield	CT	06002	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$40.46
Name of Payee					Date of Payment	Method of Payment	Amount
Ellen M. Graham					12/31/2009	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
156 Pierremount Ave	New Britain	CT	06053	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,500.00
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					12/31/2009	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 6600	Hagerstown	MD	21740	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$10.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan 2010, Inc.						Original 01/11/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					12/31/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 6600		Hagerstown	MD	21740	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$67.50
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
David W. Mason					12/31/2009	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1161</u> <input type="checkbox"/> Debit Card	
67 Burr St		West Hartford	CT	06107	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$4,442.32
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Office Depot					12/31/2009	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1295 Silas Deane Hwy		Wethersfield	CT	06109	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$61.13
<input checked="" type="checkbox"/> No							
<b>Total of Section N</b>							<b>\$114,970.34</b>

### IV. EXPENDITURES

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Friends Of Susan 2010, Inc.						Original 01/11/2010
O. Campaign Expenses Paid By Candidate						
Name of Payee Troy's				Date of Payment 10/04/2009	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address 2507 Albany Ave		City West Hartford		State CT	Zip Code 06110	
Purpose of Expenditure TRVL	Description				Event #	
<b>Amount</b> \$40.92						
Name of Payee Chester Valero				Date of Payment 10/10/2009	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address 201 Middlesex Tpke		City Chester		State CT	Zip Code 06412	
Purpose of Expenditure TRVL	Description				Event #	
<b>Amount</b> \$36.43						
Name of Payee Mobil On The Go				Date of Payment 10/14/2009	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address 427 S Main St		City Middletown		State CT	Zip Code 06457	
Purpose of Expenditure TRVL	Description				Event #	
<b>Amount</b> \$41.03						
Name of Payee Mobil				Date of Payment 10/17/2009	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address i-95 East Bound		City Branford		State CT	Zip Code 06405	
Purpose of Expenditure TRVL	Description				Event #	
<b>Amount</b> \$39.94						

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

#### O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Mobil On The Go	10/20/2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$40.51	
Street Address 427 S Main St	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure TRVL	Description			Event #
Shell	10/25/2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$39.29	
Street Address 405 S Main St	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure TRVL	Description			Event #
Shell	10/31/2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$40.03	
Street Address 405 S Main St	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure TRVL	Description			Event #
Bristol Hess	11/02/2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$37.05	
Street Address 34 Farmington Ave	City Bristol	State CT		Zip Code 06010
Purpose of Expenditure TRVL	Description			Event #
<b>Total of Section O</b>			<b>\$315.20</b>	

<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Susan 2010, Inc.					Original 01/11/2010	
<b>P. Expenses Incurred on Committee Credit Card</b>						
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 #		
<b>Total of Section P</b>						

**IV. EXPENDITURES**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010, Inc.	Original 01/11/2010

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

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

**Total of Section Q**

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
David Donaldson	10/05/2009	<input checked="" type="checkbox"/> Check # 1101		
Secondary Payee AT&T	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address 442 S Main St	City West Hartford	State CT		Zip Code 06110
Description cell phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$190.00	
Carol Puma	10/05/2009	<input checked="" type="checkbox"/> Check # 1103		
Secondary Payee Middletown Post Office	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address 11 Silver St	City Middletown	State CT		Zip Code 06457
Description postage				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$8.09	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
David Donaldson	10/20/2009	<input checked="" type="checkbox"/> Check # 1110		
Secondary Payee AT&T	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address 442 S Main St	City West Hartford	State CT		Zip Code 06110
Description cell phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$190.00	
David Killian	11/04/2009	<input checked="" type="checkbox"/> Check # 1121		
Secondary Payee Mobil on the Go	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 427 S Main St	City Middletown	State CT		Zip Code 06457
Description gas				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$41.70	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Carol Puma	11/04/2009	<input checked="" type="checkbox"/> Check # 1123	
Secondary Payee Middletown Post Office	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address 11 Silver St	City Middletown	State CT	
Zip Code 06457		Event #	
Description 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
			\$11.60
David Donaldson	11/13/2009	<input checked="" type="checkbox"/> Check # 1128	
Secondary Payee AT&T	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address 442 S Main St	City West Hartford	State CT	
Zip Code 06110		Event #	
Description cell phone			
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
			\$190.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Ellen Graham	11/25/2009	<input checked="" type="checkbox"/> Check # 5004	
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 49 Putnam Blvd	City Glastonbury	State CT	
Description printing		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$474.42
David Donaldson	12/17/2009	<input checked="" type="checkbox"/> Check # 1151	
Secondary Payee AT&T	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address 442 S Main St	City West Hartford	State CT	
Description cell phone		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$190.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
David Donaldson	12/17/2009	<input checked="" type="checkbox"/> Check # 1151		
Secondary Payee AT&T	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address 442 S Main St	City West Hartford	State CT		Zip Code 06110
Description cell phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$190.00	
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check # 5052		
Secondary Payee Office Depot	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$18.01	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check # 5052	
Secondary Payee Lebrinis Service	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 711 Fenimore Rd	City Mamaronek	State NY	
Zip Code 10543	Description		
Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$78.15
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check # 5052	
Secondary Payee Shirlington Self Service	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 2750 S Nelson St	City Arlington	State VA	
Zip Code 22205	Description		
Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$393.25

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check # 5052	
Secondary Payee NJ Turnpike	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address PO Box 3042	City Woodbridge	State NJ	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$27.95
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check # 5052	
Secondary Payee Port Authority of NY	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1 Madison Ave	City New York	State NY	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$18.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant David Mason	Date of Payment 12/18/2009	Method of Payment <input checked="" type="checkbox"/> Check # 5052	Amount
Secondary Payee Maryland Transportation	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 2310 Broening Hwy	City Baltimore	State MD	Zip Code 21224
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$9.00
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant David Mason	Date of Payment 12/18/2009	Method of Payment <input checked="" type="checkbox"/> Check # 5052	Amount
Secondary Payee Maryland Transportation	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 2310 Broening Hwy	City Baltimore	State MD	Zip Code 21224
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$23.00
Other Candidate(s) Name			Office Sought

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check # 5052	
Secondary Payee New York State Thruway	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address PO Box 189	City Albany	State NY	
Zip Code 12201		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$5.00
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check # 5052	
Secondary Payee City of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 50 S Main St	City West Hartford	State CT	
Zip Code 06107		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$7.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan 2010. Inc.	Original 01/11/2010

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
David Mason	12/18/2009	<input checked="" type="checkbox"/> Check # 5052	
Secondary Payee Delaware Department of Transportati	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address PO Box 778	City Dover	State DE	
Zip Code 19903		Event #	
Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$7.00
Other Candidate(s) Name			
Office Sought			
Tanya Meck	12/23/2009	<input checked="" type="checkbox"/> Check # 1159	
Secondary Payee Feng	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 93 Asylum St	City Hartford	State CT	
Zip Code 06103		Event #	
Description food			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.94
Other Candidate(s) Name			
Office Sought			
<b>Total of Section R</b>			<b>\$2,133.11</b>

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Susan 2010, Inc.				Original 01/11/2010
<b>S. Surplus Distribution of Equipment and Furniture</b>				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
<b>Total of Section S</b>				