SEEC FORM 30

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



Electronic Filing

Page 1 of 78

SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYI	PE OF COMMITTEE
Cam Staples For Attorr	ney General						x	Candidate Committee Exploratory Committee
3. TREASURER NAME								
Title	First Roberta			MI B.	Last Willis			Suffix
4. TREASURER ADDRESS								
Street Address			City			State		Zip Code
30 Upland Meadow Rd			Salisb	oury		СТ		06039
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTR	RICT CODE (if applicable)
11/02/2010		Attorney General						
8. CANDIDATE NAME		-				-		
Title	First Cameron			МІ С.	Last Staples			Suffix
9. TYPE OF REPORT								
July 10 Filing - Origina	ıl							
10. PERIOD COVERED								
		Beginning Date			Ending Date			
		04/01/2010	thru	J	06/30/2010			
			11. CER	TIFICATION				
	ed Campaig				of the information set forth period covered is true,			
Electronic Filing		Cindy Rosarbo			07/12	2/2010		
SIGNATURE		PRINT NAME OF THI	E SIGNE	ER		CERTIFIED		
					LE BY FINE NOT TO EXCEED IAN ONE YEAR, OR BOTH.			

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Cam Staples For Attorney General	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$20,528.24	
14. Contributions received from Individuals (Section A and B)	\$13,300.00	\$39,105.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$1,000.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$13,300.00	\$40,105.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$33,828.24	\$40,105.00
20. Expenses Paid by Committee (Section N)	\$24,913.80	\$31,190.56
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$8,914.44	\$8,914.44
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origin	al 07/12/2010
A. Total Contributions from	n Small (Contribu	tors-Received th	is Perio	d ONLY	7				
(See instructions for definition of Small		- 0111111111	tors received th			total Section A	\$0.00			
		B. Ite	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Toutain	Stephan			F	Cash Money	=	nal Check /Debit Card	0298		Contribution
Residential Street Address	-	City		-	State	Zip Code	I	Date Received	I	
131 Garfield Rd		West Har	tford		СТ	06107	(04/01/201	0	
Principal Occupation		Name of En	nployer			Is this contribution ass		_	Yes	
doctor		Alexion				fundraising event liste If yes, list Event #	a in Section) I x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggr	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of	_				child of a lob	byist?	1.88.	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	L 1	res x	No				
Last Name	First Name			MI		contribution:	1.01 1	Contributi	on ID#	Amount of
Harris	Julie				Cash Money	= =	nal Check /Debit Card	0299		Contribution
Residential Street Address		City		1	State	Zip Code	I	Date Received	l	
20 W Hill Dr		West Har	tford		СТ	06107	(04/01/201	0	
Principal Occupation		Name of En	nployer		•	Is this contribution as	sociated with	a	Yes	Ī
attorney		Noble Sp	ector & OConner			fundraising event liste If yes, list Event #	ed in Section	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t. spouse, or	Aggr	egate Contrib	utione	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	byist?	Aggi		100.00	\$100.00
government the contract is with:		Executive	Legislative	L Y	res x	No				
Last Name	First Name			MI		contribution:	1.01 1	Contributi	on ID#	Amount of
Dybay, Jr.	Keith				Cash Money	=	nal Check /Debit Card	0300		Contribution
Residential Street Address		City		1	State	Zip Code	I	Date Received	l	
20 W Hill Dr		West Har	tford		СТ	06119	(04/01/201	0	
Principal Occupation		Name of En	nployer		•	Is this contribution ass			Yes	
attorney		self				fundraising event liste If yes, list Event #	ed in Section	J1? _	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t snouse or	1			ł
state contractor? Is yes, indicate which branch or branches of	_		ies into		child of a lob	byist?	Aggi	egate Contribi \$:	100.00	\$100.00
government the contract is with:		Executive	Legislative	Т	res X	No				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
O'Connor	Jung Hee	Lee			Cash Money	=	nal Check /Debit Card	0301		Contribution
Residential Street Address		City		!	State	Zip Code	I	Date Received	l	
193 Sedgwick Rd		West Har	tford		СТ	06107	(04/01/201	0	
Principal Occupation		Name of En	nployer		•	Is this contribution as	sociated with	a	Yes	Î
manager		Marjam I	building supply			fundraising event liste If yes, list Event #	ed in Section	J19 =	No	
				1.						+
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggr	egate Contribi	utions 100.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		\$.	100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 07/12/2010
		B. It	emized Contributi	ions fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
O'Connor	Dennis				Cash Money	y Order X Personal C		0302		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
193 Sedgwick Rd		West Har	tford		СТ	06107	0	4/01/2010)	
Principal Occupation attorney		Name of Er Noble, S	nployer pector, O'Connor			Is this contribution associated in the second secon		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Toutain	Leslie				Cash Money	y Order Resonat Credit/De		0304		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
131 Garfield		West Har	tford		СТ	06107	0	4/01/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob yes	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Noble	Cesar				Cash Money	y Order X Personal C		0297		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
26 Ridgewood Rd		West Har	tford		СТ	06107	0	4/01/2010)	
Principal Occupation attorney		Name of Er Noble Sp	nployer pector and O'Connor			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Noble	Laura				Cash Money	y Order X Personal C		0303		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
26 Ridgewood Rd		West Har	tford		СТ	06107	0	4/01/2010)	
Principal Occupation Interior Design		Name of Er A Noble			•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No		utor a lobbyis child of a lob	bbyist?	Aggre	egate Contribu	tions .00.00	\$100.00
government the contract is with:	ш	Executive	Legislative	Т ,	cs ^	INU	1			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origin	al 07/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Tacy	Peter				Cash	X Personal		0310		Contribution
		1				y Order Credit/De		<u> </u>		
Residential Street Address 8 Ivy Rd		City Mystic			State	Zip Code 06355		ate Received 14/05/2010	1	
,		 			1 (1	Is this contribution assoc			1	
Principal Occupation		Name of Er	nployer			fundraising event listed in		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	1	Yes X No		utor a lobbyis		Aggre	egate Contribu		+100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Pellegrino	Bernard				Cash Money	y Order		0318		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Melissa Dr		North Ha	ven		СТ	06473	0	4/05/2010)	
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in			Yes	
attorney		Pellegrin	o Law Firm			If yes, list Event #	r Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis t child of a lob Yes	bbyist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Crescione	Норе				Cash Money	y Order X Personal Credit/De		0311		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1873 Chapel St		New Have	en		СТ	06515	0	4/05/2010)	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed in			Yes	
teacher		St Thom	as Day Schoo;			If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				1 m	child of a lob	•		-	50.00	\$50.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No		1		
Last Name	First Name			MI		contribution:	Thools	Contributio	n ID#	Amount of
Widlitz	Patricia	1		М	Cash Money	y Order Credit/De		0306		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
12 Island Bay Cir		Guilford			СТ	06437		4/05/2010	<u>, </u>	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed is		J1?	Yes	
legislator		Julie 01				If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$1	00.00	\$100.00
government the contract is with:	ш	Executive	Legislative	Y	res X	No	1			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gener	ral								Origin	al 07/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Roper	Peter				Cash	y Order Registration X Personal C		0315		Contribution
D 11 110 111		a:			-			ate Received		
Residential Street Address 210 Pequot Ave		City Mystic			State	Zip Code 06355		vate Received 14/05/2010)	
Principal Occupation		Name of Er	mnlover		1	Is this contribution associ			1	İ
carpenter		Three Rs				fundraising event listed in		J1?	Yes	
						If yes, list Event #			No	
Is contributor a principal of a state contractor o	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	•		\$	25.00	\$25.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	Тмі	I	contribution:	<u> </u>	1		
Wright	Elissa			MI	Cash	X Personal C	Check	Contributio	n ID#	Amount of Contribution
					Money	y Order Credit/De	bit Card	0316		
Residential Street Address		City			State	Zip Code	D	ate Received		
51 Pearl St		Noank			СТ	06340	0	4/05/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
legislator and attorney		State of	СТ			If yes, list Event #	i bection .	x	No	
Is contributor a principal of a state contractor of	or prospective	·	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	•		-	00.00	\$100.00
government the contract is with:		Executive	Legislative	L \	res x	No		1		
Last Name	First Name			MI		contribution:	Thools	Contributio	n ID#	Amount of
Altieri	Frank				Cash Money	y Order Credit/De		0312		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
54 Edinburgh Ln		Madison			СТ	06443	0	4/05/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
financial consultant		self				fundraising event listed in If yes, list Event #	1 Section .	x x	No	
Is contributor a principal of a state contractor o	r prospective		Yes X No	Is contrib	utor a lobbyis	t spause or	Τ.			
state contractor?	n prospective		Yes No		child of a lob		Aggre	egate Contribu	00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		· · ·		\$155.55
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Brigham	Christoph	er			Cash	y Order X Personal C		0305		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
114 Middle Rd		Hamden			CT	06517		4/05/2010)	
Principal Occupation		Name of Er	mplover		-	Is this contribution associ	ated with	а Г	Yes	†
lawyer		Ues	r -J			fundraising event listed in		J1?	No No	
				_		If yes, list Event #			1 110	1
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Tacpendent		-		\$	75.00	\$75.00
no retinition and contract to with.										

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 07/12/2010
		B. Ite	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Ryerse	D. Lynne				Cash Money	y Order X Personal Credit/D	Check ebit Card	0307		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
84 Arlington St		West Hav	ven .		СТ	06516	c	04/05/2010	0	
Principal Occupation bursar		Name of En			•	Is this contribution associated fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	t, spouse, or obyist?	Aggre	egate Contribu	utions	\$100.00
government the contract is with:		Executive	Legislative	+ -	1			1		
Last Name Usinger	First Name Effie			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution 0308	on ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	П	Date Received		
16 Candlewood Rd		Milford			СТ	06461	c	04/05/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	
hr admin		RZD corp)	_		fundraising event listed If yes, list Event #	in Section	J1?	No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	egate Contribu \$3	itions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Wallace	Joan	_			Cash Money	y Order X Personal Credit/D	Check ebit Card	0309		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
70 Belgo Rd		Lakeville			СТ	06068	C	04/05/2010	0	
Principal Occupation		Name of En	nployer			Is this contribution assorting event listed			Yes	
artist		self				If yes, list Event #		х	No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Whetstone	Susan				Cash	x Personal	Check ebit Card	0313	on no	Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
243 Front St Unit 6		New Have	en		СТ	06513	C	04/05/2010	0	
Principal Occupation public admin.		Name of En				Is this contribution assort fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis	t, spouse, or	Aggre	egate Contribu		
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:			—			-				l

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origina	al 07/12/2010
		B. It	emized Contribut	ions from	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Cerf	Genevieve	е			Cash	y Order		0314		Contribution
D 11 (10) (A11								Data Danaina d		
Residential Street Address 12 Crescent St		City Groton Lo	ong Point		State CT	Zip Code 06340		Pate Received 14/05/2010)	
Principal Occupation		Name of Er				Is this contribution assoc	_		1	
system analyst		Verizon	прюуег			fundraising event listed is		J1?	Yes	
						If yes, list Event#		L	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 '	child of a lob	•		\$1	00.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Eegistative	<u> </u>		contribution:	<u> </u>	1		
Benoit	Cordalie			MII	Cash	X Personal	Check	Contributio	n ID#	Amount of Contribution
					Money	y Order Credit/De	bit Card	0317		
Residential Street Address		City			State	Zip Code	Б	ate Received		
19 Court St		New Hav	en		СТ	06511	0	4/05/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
census 2010		Dept of (Commerce			fundraising event listed in If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	byist?	11881	-	00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	es x	No				
Last Name	First Name			MI		contribution:		Contributio	n ID#	Amount of
Frost	John			Н	Cash Money	y Order X Personal Credit/De		0319		Contribution
Residential Street Address		City		-	State	Zip Code	Е	ate Received		
1 Spinnacker Ln		Essex			СТ	06426	0	4/12/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
commercial banker		Webster	Bank			fundraising event listed in If yes, list Event #	n Section .	x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	utor a lobbyis	t chause or	Τ.			
state contractor?	л ргозресиче		Yes A No		child of a lob		Aggre	egate Contribut \$1	00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	es x	No		Ψ-	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Yass	Jeff				Cash Money	y Order X Personal Credit/De		0320		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
214 Cheswold Ln		Haverford	d		PA	19041	0	4/12/2010)	
Principal Occupation		Name of Er	mployer		-	Is this contribution assoc			Yes	
trader		SIG				fundraising event listed in If yes, list Event #	n Section .	x x	No	
Is contributor a principal of a state contractor of	or prospective	<u> </u>	Yes X No	In contain	utor e lal-l'	•	Τ.			ł
state contractor?	л ргоѕресиче		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribut \$1	00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	es x	No	1	φ1	50.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	eral								Origin	al 07/12/2010
		B. It	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Ahamed, MD	Sultan				Cash Money	y Order X Personal C		0321		Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
29 Gravel St		Mystic			СТ	06355	0	4/12/2010)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Moore	Carmela				Cash Money	y Order Responsible Credit/De		0322	ш 1D #	Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
25 Pebblebrook Dr		Rocky Hil	I		СТ	06067	0	4/12/2010)	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes	ĺ
accountant		self				fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Masucci	Lisa				Cash Money	y Order X Personal C		0324		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
281 Warner Rd		East Have	en		СТ	06472	0	4/12/2010)	
Principal Occupation office manager		Name of En	nployer e Engineering			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	tions .00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Fonda, Sr	Lou				Cash Money	y Order X Personal C		0325		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
64 Lanes Pond Rd		Northford	1		СТ	06472	0	4/12/2010)	
Principal Occupation project manager		Name of En	nployer se Plumbing		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	<u>I</u>	Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contribu	tions	\$100.00
government the contract is with:		Executive	Legislative	Y	es x	No		· ·		

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	ıl 07/12/2010
		B. Itemized Contributi	ons from	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution 1	ID#	Amount of
Fonda, Jr.	Louis			Cash Money	y Order		0326		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
64 Lanes Pond Rd		Northford		СТ	06472	04/	/12/2010		
Principal Occupation warehouse worker		Name of Employer Bender Plumbing			Is this contribution associated fundraising event listed in State of the If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name Fonda	First Name Samantha	1	MI	Cash	contribution: X Personal Character Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 64 Lanes Pond Rd		City Northford		State CT	Zip Code 06472		te Received /12/2010		
Principal Occupation bartender		Name of Employer Hitchin Post Tavern			Is this contribution associate fundraising event listed in the second of the second second in the second se		? x 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name Massaro	First Name Michelle		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 7 Wood Chase La		City North Branford		State CT	Zip Code 06471	1	te Received /12/2010		
Principal Occupation office manager		Name of Employer Enterprise Plumbing		•	Is this contribution associate fundraising event listed in the second of the second second in the second se			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name Defelice	First Name Louis		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 41 Nida Dr		City Northford		State CT	Zip Code 06472		te Received /12/2010		
Principal Occupation plumber		Name of Employer Enterprise Plumbing			Is this contribution associal fundraising event listed in the second of the second second in the second sec		? X 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Cam Staples For Attorney Gene	eral						Orig	ginal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Defelice	First Name Jaime		MI	Cash	contribution: X Personal Cl	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 41 Nida Dr		City Northford		State CT	Zip Code 06472		Received 12/2010	
Principal Occupation teacher		Name of Employer North Branford Public Schoo	ls	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Masucci	First Name Anthony		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 281 Warner Rd		City East Haven		State CT	Zip Code 06473		Received 12/2010	
Principal Occupation project manager		Name of Employer Enterprise Plumbing		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Saft	First Name Stephen		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 2073 Fairfield Beach Rd		City Fairfield		State CT	Zip Code 06824		Received	
Principal Occupation attorney		Name of Employer Withers Bergman			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name Walker	First Name Carol		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 3010 Brenner Pl		City Colorado Springs		State CO	Zip Code 80917		Received 12/2010	
Principal Occupation EVP Medical Soc.		Name of Employer EPCMS		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$50.00	0 \$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	ginal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Heimer	First Name Alyson		MI	X Cash	contribution: Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 56 Cold Spring St		City New Haven		State CT	Zip Code 06511		Received 12/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 041		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$10.00	\$10.00
Last Name Cahill	First Name Leslie		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 16 Russell Rd		City Milford		State CT	Zip Code 06460		Received 12/2010	
Principal Occupation marketing dir.		Name of Employer The Graduate Inst			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.00	\$100.00
Last Name Blake	First Name Anne		MI	Cash	contribution: X Personal Cl	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 5 River Edge		City Milford		State CT	Zip Code 06460		Received 12/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$50.00	\$50.00
Last Name Drezen	First Name Stephen		MI	Cash	contribution: X Personal Cl	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 108 Ives Rd		City Goshen		State CT	Zip Code 06756		Received 12/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	al 07/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name Summa	First Name Andrew		MI	Cash	contribution: X Personal Cl	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 436A Franklin St # A		City Port Chester		State NY	Zip Code 10573		te Received /12/2010		
Principal Occupation VP		Name of Employer Graduate Inst			Is this contribution associa fundraising event listed in If yes, list Event # 031		11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name Newton	First Name David		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 428 Humphrey St		City New Haven		State CT	Zip Code 06511		te Received /12/2010		
Principal Occupation real estate		Name of Employer El Advisors LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 041	Section J13	11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name Johnson	First Name Bruce		MI	Cash	contribution: X Personal Cl	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 173 Lawrence St		City New Haven		State CT	Zip Code 06511		te Received /12/2010		
Principal Occupation Attorney		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event # 041	Section J13	1 1 .		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$50	ons 0.00	\$50.00
Last Name Lachman	First Name Andrew		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 100 York St # 12E		City New Haven		State CT	Zip Code 06511		te Received /12/2010		
Principal Occupation admin		Name of Employer Ct Center for School Change			Is this contribution associa fundraising event listed in If yes, list Event # 041	Section J13	11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Cam Staples For Attorney Gene	ral							Origina	al 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Barth	Morgan			Cash Money	y Order X Personal Cl Credit/Deb		0348		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
1066 Whitney Ave		Hamden		СТ	06517	04	/12/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1^1	Yes	
Teacher		AF				.12010A	11	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No		utor a lobbyis child of a lob	byist?	Aggreg	ate Contributio	ons 50.00	\$50.00
government the contract is with:	. 🗆	Executive Legislative	<u> </u>	es x	No	<u> </u>			, , , ,
Last Name	First Name		MI		contribution:	haak	Contribution	ID#	Amount of
Snow	Laura			Cash Money	y Order Credit/Deb		0349		Contribution
Residential Street Address		City		State	Zip Code		te Received		
370 Willow St # 3		New Haven		СТ	06511		12/2010		
Principal Occupation		Name of Employer Jewish Home fo the elderly			Is this contribution associa fundraising event listed in		·		
coordinator		Jewish Home to the cideny			If yes, list Event # 041	120104	<u>\</u>	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggreg	ate Contribution	ons	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative	I	child of a lob	•		\$1	.0.00	\$10.00
government the contract is with: Last Name	First Name	Executive Engistative			contribution:		G (1)	ID.#	
Novak	Edna		IVII	Cash	X Personal Cl	heck	Contribution 0350	ID#	Amount of Contribution
		1		Money	y Order Credit/Deb	it Card	0330		
Residential Street Address		City		State	Zip Code		te Received		
78 Olive St		New Haven		СТ	06511		/12/2010		
Principal Occupation executive dir		Name of Employer Teach for America			Is this contribution associa fundraising event listed in		.? 뜨		
excedite dil					If yes, list Event # 041	.12010A	<u> </u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis	-	Aggreg	ate Contribution	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	T	es x	•		\$5	50.00	\$50.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Ginsberg	William		W	Cash	y Order X Personal Cl		0351		Contribution
Residential Street Address		City		State	Zip Code	\dashv	te Received		
382 Livingston St		New Haven		CT	06511		/12/2010		
Principal Occupation		Name of Employer		-	Is this contribution associa		1^1	Yes	
philanthopy		Community Foundation			fundraising event listed in If yes, list Event # 041		?		
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	<u> </u>	l	ate Contribution	ons	
state contractor? Is yes, indicate which branch or branches of		_	dependent	child of a lob	byist?	nggieg.		00.00	\$100.00
government the contract is with:		Executive Legislative	L	res x	No	I			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	al 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Rosenstone	First Name Caroline		MI	Cash	contribution: X Personal Cl y Order		Contribution	ID#	Amount of Contribution
Residential Street Address 71 Autumn St		City New Haven		State CT	Zip Code 06511		te Received /12/2010		
Principal Occupation writer/teacher		Name of Employer ALES ECA		•	Is this contribution associa fundraising event listed in If yes, list Event # 041		? ഥ □.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$50	ons 0.00	\$50.00
Last Name Santos	First Name Rossana		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 145 Everit St		City New Haven		State CT	Zip Code 06511		te Received /12/2010		ı
Principal Occupation investment manager		Name of Employer TIAA-CREF			Is this contribution associa fundraising event listed in If yes, list Event # 041	Section J1	? ഥ □.		L
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name Summerville	First Name Jeff		MI	Cash	contribution: X Personal Cl		Contribution	ID#	Amount of Contribution
Residential Street Address 63 Canner St		City New Haven		State CT	Zip Code 06511		te Received /12/2010		
Principal Occupation psychiatrist		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 041	Section J1			ı
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name Lyons	First Name Elizabeth		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 71 Canner St		City New Haven		State CT	Zip Code 06511		te Received /12/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 041	Section J1	? ഥ □.		L
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 5.00	\$25.00

		I. MONETARY	RECE	ZIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 07/12/2010
		B. Itemized Contri	butions	from	Individu	als				
Last Name	First Name		M	II I	Method of	contribution:		Contribution	on ID #	Amount of
Snyder	Richard				Cash Money	Order X Personal C		0359		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
204 Canner St		New Haven			СТ	06511	0	4/12/2010)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in If yes, list Event # 04.			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			tor a lobbyist child of a lob	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name	First Name		M	II	Method of	contribution:		Contribution	on ID#	Amount of
Moutinho	Carmin				Cash Money	Order Personal C		0360		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
220 James St		Ludlow			MA	01056	_	4/12/2010		
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in If yes, list Event # 04:	Section J		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	itions \$35.00	\$35.00
Last Name	First Name		M	п	Method of	contribution:		Contribution	on ID #	Amount of
Elicker	Justin				Cash Money	Order X Personal C		0357		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
192 Willow St		New Haven			СТ	06511	0	4/12/2010)	
Principal Occupation student		Name of Employer Yale				Is this contribution association fundraising event listed in If yes, list Event # 04.			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			tor a lobbyist child of a lob	byist?	Aggre	gate Contribu	ntions	\$100.00
Last Name	First Name		M	II I	Method of	contribution:		Contribution	on ID #	Amount of
DeFelice	Salvatore				Cash Money	Order X Personal C		0323		Contribution
Residential Street Address		City	-		State	Zip Code		ate Received		
52 Yowago Ave		Branford			СТ	06405		4/12/2010	J 	
Principal Occupation contractor		Name of Employer Enterprise Plumbing				Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu	itions	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Cam Staples For Attorney Gene	eral						Ori	ginal 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:		Contribution ID #	Amount of
Defelice	Patricia			Cash Money	y Order X Personal Cl	0)331	Contribution
Residential Street Address		City		State	Zip Code	Date l	Received	
52 Yowago Ave		Branford		СТ	06405	04/1	12/2010	_
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes X	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name Mahoney	First Name James		MI	Cash	contribution: X Personal Cl y Order	neck C	Contribution ID #	Amount of Contribution
Residential Street Address 91 Partridge Lndg		City Glastonbury		State CT	Zip Code 06033		Received 12/2010	
Principal Occupation CPA		Name of Employer Mahoney &Co		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractorstate contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name Blake	First Name Benjamin		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 5 Anchorage Dr		City Milford		State CT	Zip Code 06460		Received 12/2010	
Principal Occupation attorney		Name of Employer Quinn law Office		•	Is this contribution associa fundraising event listed in If yes, list Event # 031	Section J1?	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name Berger	First Name Ethel		MI	Cash	contribution: X Personal Cl	neck C	Contribution ID #	Amount of Contribution
Residential Street Address 50 Autumn St		City New Haven		State CT	Zip Code 06511		Received 12/2010	
Principal Occupation reading tutor		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event # 041	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	e Contributions \$100.0	0 \$100.00

		I. MONETAR	Y RECI	EIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 07/12/2010
		B. Itemized Cont	ribution	s from	Individu	ials				
Last Name	First Name		N	MI	Method of	contribution:		Contribution	on ID#	Amount of
Berger	Eric				Cash Money	V Order X Personal C		0355		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
50 Autumn St		New Haven			СТ	06511	0	4/12/2010	0	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in		1^	Yes	
psychiatrist		Yale					112010	I	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X			itor a lobbyist	-	Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		Y	child of a lob es	-		\$1	100.00	\$100.00
Last Name	First Name		N	MI	Method of	contribution:		Contributio	on ID #	Amount of
McCaffrey	Gina		k	K	Cash Money	V Order X Personal C		0341		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
151 Munson Rd		Beacon Falls			СТ	06403	0	4/12/2010)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in		1^	Yes	
C00		The Graduate Inst				If yes, list Event # 03			No	
Is contributor a principal of a state contractor	or prospective	Yes X			ıtor a lobbyist	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Formation		dependent Y	child of a lob	•		\$1	100.00	\$100.00
government the contract is with:	<u></u> І	Executive Legislative					<u> </u>	1		
Last Name Stone	First Name A. Harris		N	MI	Cash	contribution: X Personal C	heck	Contributio	on ID #	Amount of Contribution
					Money	Order Credit/Del	oit Card	0340		
Residential Street Address		City			State	Zip Code		ate Received		
701 North St		Milford			СТ	06460	_	4/12/2010	0	
Principal Occupation		Name of Employer The Graduate Inst				Is this contribution association fundraising event listed in		1?	Yes	
chancellor		The Graduate Inst				If yes, list Event # 03:	182010	_A L	No	
Is contributor a principal of a state contractor	or prospective	Yes x			ıtor a lobbyist	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		dependent Y	child of a lob			\$1	100.00	\$100.00
government the contract is with: Last Name	First Name	Executive Eegislative		мі		contribution:	<u> </u>		TD //	
Gold	Lindy Lee		IN .	VII	Cash	X Personal C	heck	Contribution 0344	on ID #	Amount of Contribution
		ī			Money	Order Credit/Deb	oit Card	0344		
Residential Street Address		City			State	Zip Code		ate Received		
360 Fountain St		New Haven			СТ	06515		4/12/2010		
Principal Occupation Econ Dev.		Name of Employer State of CT				Is this contribution association fundraising event listed in			Yes	
LCOIL Dev.						If yes, list Event # 04:	112010	<u>a</u> L	No	
Is contributor a principal of a state contractor	or prospective	Yes X			itor a lobbyist		Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of		Executive Legislative		dependent Y	child of a lob	-		\$	\$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	nal 07/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•	
Last Name Tyler	First Name Cheever		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 0368	bution ID #	Amount of Contribution
Residential Street Address 45 Lincoln St		City New Haven		State CT	Zip Code 06511	Date Rece 04/14/2		
Principal Occupation lawyer		Name of Employer self			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	stributions \$100.00	\$100.00
Last Name Angoff	First Name Ronald		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 0365	bution ID#	Amount of Contribution
Residential Street Address 123 Everit St		City New Haven		State CT	Zip Code 06511	Date Rece 04/14/2		
Principal Occupation pediatrician		Name of Employer Pediatric & Med. Soc			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00
Last Name Giordano	First Name Michael		MI	Cash	contribution: X Personal Character Credit/Debi	eck 0367	bution ID #	Amount of Contribution
Residential Street Address 59 Yowago Ave		City Branford		State CT	Zip Code 06405	Date Rece 04/14/2		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggregate Con	stributions \$100.00	\$100.00
Last Name Jackson	First Name Catherine		MI	Cash	contribution: X Personal Charactery Order Credit/Debi	eck 0361	bution ID#	Amount of Contribution
Residential Street Address 54 Killam's Pt		City Branford		State CT	Zip Code 06405	Date Rece 04/14/2		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						C	Origina	1 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution I	D#	Amount of
Zoranello	Mary			Cash Money	y Order X Personal Ch Credit/Debi		0362		Contribution
Residential Street Address		City		State	Zip Code		te Received		
869 Orange St # 2-E		New Haven		СТ	06511		/14/2010		
Principal Occupation		Name of Employer Yale			Is this contribution associate fundraising event listed in the contribution of the contribution associated in the contribution associated in the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution as the con		? ''	res	
nurse pract.		Tale			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	_ \ \	res x	No		\$100	0.00	\$100.00
Last Name	First Name		MI		contribution:	,	Contribution I	D#	Amount of
Crowley	Timothy			Cash Money	y Order Personal Ch Credit/Debi		0363		Contribution
Residential Street Address		City		State	Zip Code		te Received		
230 Copse Rd		Madison		СТ	06443	04,	/14/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in ! If yes, list Event #		LII	res No	
Is contributor a principal of a state contractor a state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Summers	Craig			Cash Money	y Order Resonal Character Credit/Debi		0364	<i>D</i> "	Contribution
Residential Street Address		City		State	Zip Code		te Received		
10 White Oak La		Woodbridge		СТ	06525	04,	/14/2010		
Principal Occupation		Name of Employer Childrens Medial Groupp			Is this contribution associate fundraising event listed in the contribution of the contribution associated in the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution as the con		⁷	res	
pediatrician		Cillidrens Mediai Grodop	_		If yes, list Event #		X N	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggrega	ate Contribution	ns	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	•		\$100	0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Rutt	Martin			Cash Money	y Order X Personal Ch Credit/Debi		0366		Contribution
Residential Street Address		City	•	State	Zip Code	Dat	te Received		
108 Cook Rd		Prospect		СТ	06712	04,	/14/2010		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		LII	res .	
dentist		self			If yes, list Event #		x N	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Dantchik	Arthur				Cash Money	y Order X Personal Credit/De		0369		Contribution
Residential Street Address	•	City		•	State	Zip Code	Е	ate Received		
206 Maple Hill Rd		Gladwyne	e		PA	19035	0	4/19/2010)	
Principal Occupation trader		Name of En	nployer		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	-	Contributio	n ID#	Amount of
Rosen	David				Cash Money	y Order Personal Credit/De		0371		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
15 Edgehill Rd		New Have	en		СТ	06511	0	4/19/2010)	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed i			Yes	
attorney		David Ro	osen & Assoc			If yes, list Event #	ii section .	x	No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	bbyist?	Aggre	egate Contribu	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Goren	Barbara				Cash Money	y Order X Personal Credit/De		0372		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
15 Edgehill Rd		New Have	en		СТ	06511	0	04/19/2010)	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed i			Yes	
attorney		David Ro	osen & Assoc			If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Greenberg	Joel				Cash Money	y Order Resonal Credit/De		0373		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
727 Merion Square Rd		Gladwyne	e		PA	19035	0	4/19/2010)	
Principal Occupation management		Name of En				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	1	Yes X No	dependent	utor a lobbyis child of a lob	bbyist?	Aggre	egate Contribu	tions 00.00	\$100.00
government the contract is with:	니	Executive	Legislative	Y	res X	No				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	al 07/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals		<u> </u>		
Last Name Fortgang, MD	First Name Paul		MI	Cash	contribution: X Personal Cl		Contribution	ID#	Amount of Contribution
Residential Street Address 26 Broadfield Rd		City Hamden		State CT	Zip Code 06517		te Received /19/2010		
Principal Occupation physician		Name of Employer SNEENT			Is this contribution associa fundraising event listed in If yes, list Event # 041		? <u> </u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name Herzog	First Name Alfred		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 97 Surrey La		City Glastonbury		State CT	Zip Code 06033		te Received /19/2010		
Principal Occupation psychiatrist		Name of Employer Hartford Hosp		•	Is this contribution associa fundraising event listed in If yes, list Event # 041		? ഥ □.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio \$10	ons 0.00	\$100.00
Last Name Stone	First Name Kenneth		MI	Cash	contribution: X Personal Cl y Order		Contribution	ID#	Amount of Contribution
Residential Street Address 317 Laurelwood Rd		City Orange		State CT	Zip Code 06477	- 1	te Received /19/2010		·
Principal Occupation physician		Name of Employer Bridgeport Anesth Assoc			Is this contribution associa fundraising event listed in If yes, list Event # 041				ı
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio \$10	ons 0.00	\$100.00
Last Name Mayerson	First Name Adam		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 446 David Ct		City Orange		State CT	Zip Code 06477	- 1	te Received /19/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 041	Section J1	? <u> </u>		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	al 07/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals		_	
Last Name Greenberg, MD	First Name Robert D.		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 037	ribution ID #	Amount of Contribution
Residential Street Address 73 Autumn Dr		City South Windsor		State CT	Zip Code 06074	Date Rec 04/19/		
Principal Occupation dermatologist		Name of Employer New England Derm Assoc			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	shtributions \$100.00	\$100.00
Last Name Gannon	First Name Patricia		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 037	ribution ID #	Amount of Contribution
Residential Street Address 33 Edgehill Ter		City Hamden		State CT	Zip Code 06517	Date Rec 04/19/		
Principal Occupation investment		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 041		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Gammon	First Name Davis		MI	Cash	contribution: X Personal Cl	heck 037	ribution ID#	Amount of Contribution
Residential Street Address 33 Edgehill Ter		City Hamden		State CT	Zip Code 06517	Date Reco		
Principal Occupation physician		Name of Employer Seft			Is this contribution associa fundraising event listed in If yes, list Event # 041		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Barbarotta	First Name Alfonso		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 038	ribution ID #	Amount of Contribution
Residential Street Address 28 Unity Dr		City Trumbull		State CT	Zip Code 06611	Date Reco 04/20/		
Principal Occupation facilities management		Name of Employer AFB Construction Managem	nent	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	nal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Barbarotta	First Name Sharon		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ntribution ID#	Amount of Contribution
Residential Street Address 28 Unity Dr		City Trumbull		State CT	Zip Code 06611	Date Re 04/20	eceived 0/2010	
Principal Occupation invitation business		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Romanow	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ntribution ID#	Amount of Contribution
Residential Street Address 401 Whitney Ave		City New Haven		State CT	Zip Code 06511	Date Re 04/20	eceived 1/2010	
Principal Occupation arbitration		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Green	First Name Vanessa		MI	Cash	contribution: X Personal Cl	neck 03	ntribution ID#	Amount of Contribution
Residential Street Address 410 E Main St		City Meriden		State CT	Zip Code 06450	Date Re 04/20	eceived 1/2010	
Principal Occupation accounting		Name of Employer Enviro Med Services			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	\$100.00	\$100.00
Last Name Parke	First Name David		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ntribution ID#	Amount of Contribution
Residential Street Address 88 Notch Hill Rd Apt 332		City North Branford		State CT	Zip Code 06471	Date Re 04/20	eceived 0/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	eral						Orig	ginal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Vigliante	First Name Christoph	er	MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 118 Hillside Ave		City Milford		State CT	Zip Code 06460		Received 0/2010	
Principal Occupation restaurant owner		Name of Employer Christopher Martins			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Paola	First Name Francis		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 10 Farm View Cir		City Middletown		State CT	Zip Code 06457		Received 0/2010	
Principal Occupation attorney		Name of Employer Noble, Spector			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Sheehan	First Name Patrick		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 795 E Fifth St		City South Boston		State MA	Zip Code 02127		Received 0/2010	
Principal Occupation attorney		Name of Employer Whatley Drake & Kallas			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Friedler	First Name Jeffrey		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ontribution ID#	Amount of Contribution
Residential Street Address 42 Surrey Dr		City Cheshire		State CT	Zip Code 06410		Received 0/2010	
Principal Occupation attorney		Name of Employer Friedler & Friedler		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Cam Staples For Attorney Gene	eral						Origi	nal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Friedler	First Name Joseph		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 03	ntribution ID #	Amount of Contribution
Residential Street Address 96 Taintor Dr		City Fairfield		State CT	Zip Code 06890	Date Re	eceived 0/2010	
Principal Occupation attorney		Name of Employer Friedler & Friedler			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Barbarotta	First Name Joseph		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 03	ntribution ID#	Amount of Contribution
Residential Street Address 9 Millwood Dr		City Branford		State CT	Zip Code 06405	Date Re 04/20	eceived 0/2010	
Principal Occupation facilities manager		Name of Employer AFB Construction			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name DeFelice	First Name David		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 03	ntribution ID #	Amount of Contribution
Residential Street Address 7 Taylor Ave		City East Haven		State CT	Zip Code 06512	Date Ro 04/20	eceived 0/2010	
Principal Occupation custodial manager		Name of Employer AFB construction			Is this contribution associate fundraising event listed in the second of the second second in the second second second second second second second second second second second second second second second second second sec		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name DeFelice	First Name Margo		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 7 Taylor Ave		City East Haven		State CT	Zip Code 06512	Date Re 04/20	eceived 0/2010	
Principal Occupation nurse		Name of Employer East Haven Board of Ed		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00

		I. MO	NETARY REG	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 07/12/2010
		B. Itemi	ized Contributio	ons from	Individu	ıals				
Last Name Hamann	First Name Valerie			MI	Cash	contribution: X Personal C		Contribution 0391	on ID#	Amount of Contribution
Residential Street Address 50 Lobdell La		City Easton			State CT	Zip Code 06612		ate Received		
Principal Occupation admin		Name of Employ				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Hamann	First Name Gary			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0392	on ID#	Amount of Contribution
Residential Street Address 50 Lobdell La		City Easton			State CT	Zip Code 06612		ate Received		
Principal Occupation engineer		Name of Employ	yer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Koenig	First Name Dan			MI	Cash	contribution: X Personal C		Contribution 0393	on ID#	Amount of Contribution
Residential Street Address 17 Tilton St # 2		City New Haven			State CT	Zip Code 06511		ate Received		
Principal Occupation mechanical engineer		Name of Employ AFB Facilitie	^{yer} es Management			Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Lyons	First Name Mark			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0394	on ID#	Amount of Contribution
Residential Street Address 21 Leona Dr		City Stamford			State CT	Zip Code 06907		ate Received		
Principal Occupation consultant		Name of Employ	yer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	inal 07/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals			
Last Name Claybourne	First Name Eugene		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 71 Lorraine St		City Bridgeport	1	State CT	Zip Code 06604		Received 0/2010	
Principal Occupation asst. mgr. custodial		Name of Employer AFB Management			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Horton	First Name Eileen		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ontribution ID#	Amount of Contribution
Residential Street Address 36 Twin Oak Farm Rd		City Wallingford		State CT	Zip Code 06492		Received 0/2010	
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Riga, Jr.	First Name Bruno		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 140 Red Barns Rd		City Guilford		State CT	Zip Code 06437		Received 0/2010	
Principal Occupation operations		Name of Employer PEC			Is this contribution associate fundraising event listed in the second of the second second in the second second second second second second second second second second second second second second second second second sec		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Shugrue	First Name Pamela		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ontribution ID #	Amount of Contribution
Residential Street Address 197 Wopowog Rd		City East Hampton		State CT	Zip Code 06424		Received 0/2010	
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Cam Staples For Attorney Gene	ral								Origin	al 07/12/2010
		B. It	temized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Horton, Sr	Earl				Cash Money	y Order Personal C		0400		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received	l	
24 Jeffrey Rd		East Hav	/en		СТ	06513	0	14/20/201	0	
Principal Occupation		Name of E	Employer			Is this contribution associ- fundraising event listed in			Yes	
operations		PEC		-		If yes, list Event #		2	No No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	child of a lob res	-		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Critelli	Michael			J	Cash Money	y Order Personal C		0402		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
39 Shields Rd		Darien			СТ	06820	0	14/22/201	0]
Principal Occupation		Name of E	imployer			Is this contribution associ- fundraising event listed in		J1?	_	
				_		If yes, list Event #		D	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 —	child of a lob	-		\$	100.00	\$100.00
government the contract is with: Last Name	First Name			I MI		contribution:		Contributi	ID #	
Critelli	Joyce			M	Cash	x Personal C	Check	0403	on ID#	Amount of Contribution
		1			Mone	y Order Credit/Del	bit Card	0.03		
Residential Street Address		City			State	Zip Code		Date Received 04/22/201		
39 Shields Rd		Darien			СТ	06820				<u> </u>
Principal Occupation		Name of E	mployer			Is this contribution association fundraising event listed in		J12 L	Yes	
						If yes, list Event #			No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	res x	-		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Ciccolo	John				Cash	X Personal C		0404	011 12 11	Contribution
		<u> </u>				y Order Credit/Del				-
Residential Street Address 370 Amity Rd		City Woodbri	dae		State CT	Zip Code 06525		Date Received 04/22/201		
Principal Occupation		Name of E				Is this contribution associ	_		Yes	†
attorney		I	Insurance Co			fundraising event listed in	Section .	_{J1?} [No	
				1		If yes, list Event #				
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib		*100.00
Is yes, indicate which branch or branches of		Executive	Legislative	Y	res x	No		\$	100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	NG DUE DATE
Cam Staples For Attorney Gene	ral						Origi	nal 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Brockman	First Name Herbert		MI	Cash	contribution: X Personal Character Credit/Debi	neck 04	entribution ID #	Amount of Contribution
Residential Street Address 345 Ridge Rd		City Hamden		State CT	Zip Code 06517	Date Re	eceived 2/2010	
Principal Occupation clergy		Name of Employer Cong. Mishkin Israel			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Cini	First Name Holly		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	ntribution ID #	Amount of Contribution
Residential Street Address 19 South Trl		City Niantic		State CT	Zip Code 06357		eceived 2/2010	
Principal Occupation attorney		Name of Employer Jackson Lewis		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Bentley	First Name Nina		MI	Cash	contribution: X Personal Character Credit/Debi	neck 04	entribution ID #	Amount of Contribution
Residential Street Address 88 Hillandale Rd		City Westport		State CT	Zip Code 06880	Date Re 04/22	eceived 2/2010	
Principal Occupation artist		Name of Employer self		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Bentley	First Name Richard		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 04	entribution ID #	Amount of Contribution
Residential Street Address 88 Hillandale Rd		City Westport		State CT	Zip Code 06880		eceived 2/2010	
Principal Occupation		Name of Employer retired		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$100.00	\$100.00

		I. MONETARY F	RECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Cam Staples For Attorney Gene	ral						Origin	al 07/12/2010
		B. Itemized Contrib	utions froi	n Individu	ıals		-	
Last Name Emmel	First Name David		MI K	Cash	contribution: X Personal Cl y Order	heck 0418	oution ID#	Amount of Contribution
Residential Street Address 28 Henderson Dr		City Avon		State CT	Zip Code 06001	Date Recei 04/23/2		
Principal Occupation physician		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Brown	First Name Josiah		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0448	oution ID#	Amount of Contribution
Residential Street Address 115 Livingston St		City New Haven		State CT	Zip Code 06511	Date Recei 04/23/2		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name Hanzman	First Name Michael		MI	Cash	contribution: X Personal Cl y Order	heck 0410	oution ID#	Amount of Contribution
Residential Street Address 9050 Schoolhouse Rd		City Coral Gables		State FL	Zip Code 33156	Date Recei 04/23/2		
Principal Occupation attorney		Name of Employer Ackerman Link		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Hanzman	First Name Reva		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0409	oution ID#	Amount of Contribution
Residential Street Address 9050 Schoolhouse Rd		City Coral Gables		State FL	Zip Code 33156	Date Recei 04/23/2		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis nt child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Cam Staples For Attorney Gene	ral						Origi	nal 07/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•	
Last Name Wood	First Name		MI	Method of Cash	contribution:		ntribution ID#	Amount of Contribution
Wood	30				y Order Credit/Debi	04	11	Contribution
Residential Street Address 5341 Greystone Way		City Brimingham		State AL	Zip Code 35242	Date Re 04/23	eceived 3/2010	
Principal Occupation administrator		Name of Employer Vestavia School Board			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Wood	First Name E. Kirk		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 04	ntribution ID#	Amount of Contribution
Residential Street Address 5341 Greystone Way		City Birmingham		State AL	Zip Code 35242	Date Re 04/23	eceived 3/2010	
Principal Occupation attorney		Name of Employer Wood Law Firm			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Baker	First Name Carla		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 04	ntribution ID#	Amount of Contribution
Residential Street Address 745 Forest Lakes Dr		City Sterrett		State AL	Zip Code 35147	Date Re		
Principal Occupation		Name of Employer		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Eisenhoter	First Name Jay		MI W	Cash	contribution: X Personal Character Credit/Debi	eck 04	ntribution ID#	Amount of Contribution
Residential Street Address 485 Lexington Ave Fl 29		City New York		State NY	Zip Code 10017	Date Re	eceived 8/2010	
Principal Occupation managing director		Name of Employer Grant & Eisenhoter		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

NAME OF COMMITTEE Cam Stuples For Altorney General Original 07/12/2010			I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
Last Name First Name Milton Mil	NAME OF COMMITTEE							FILIN	IG DUE DATE
List Name Discision Million Mi	Cam Staples For Attorney Gene	ral						Origi	nal 07/12/2010
Section Milton			B. Itemized Contribut	ions fron	ı Individu	ıals			
Residential Steet Address Name of Employer Substitution Subs	Last Name	First Name		MI	Method of		Cor	ntribution ID #	Amount of
New Haven	Jackson	Milton		L	_		04	115	Contribution
Principal Occupation Second the contractor of prospective AMC Inc Name of Employer AMC Inc Name of Employer AMC Inc Name of Employer AMC Inc Name of Employer Incurrence of Inc	Residential Street Address		City		State	Zip Code			
Second that AMC Inc If yes, last Event # Aggregate Contribution Salon 17 No No Salon	135 Osborn Ave		New Haven		СТ	06511	04/23	3/2010	4
Is contributor a principal of a state contractor or prospective as principal or a state contractor or prospective as principal or a state contractor or prospective as principal or a state contractor or prospective as principal or a state contractor or prospective as principal or a state contract	Principal Occupation		1					Yes	
Security Security	accountant		AMC Inc			· -		X No	
Executive Legislative Le	I	or prospective	Yes X No				Aggregate C	Contributions	
Residential Street Address City State Zip Code Credit Debit Card O4/23/2010	Is yes, indicate which branch or branches of		Executive Legislative			-		\$100.00	\$100.00
Residential Street Address A64 Dixwell Ave Rew Haven City New Haven City Salat Zip Code Contractor Is this contribution associated with a fundament of Employer Self Single Si	Last Name	First Name		MI	Method of	contribution:	Cor	ntribution ID #	Amount of
Act Dixwell Ave New Haven CT 06511 04/23/2010	Williams	Rodney				=	I 04	116	Contribution
Principal Occupation COntractor Self Se	Residential Street Address		City		State	Zip Code			
Contractor Self	464 Dixwell Ave		New Haven		СТ	06511	04/23	3/2010	1
Secontributor a principal of a state contractor or prospective state contractor Secontributor a lobbysit. Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit. Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Spouse, or dependent child of a lobbysit? Sp	Principal Occupation		- ·					Yes	
state contractors with: Last Name Many Description State Contractor or prospective state contract is with: Last Name Hasiotis Last Name Hasiotis City State City Legislative Legislative Legislative MI Method of contribution: Cash Money Order Credit/Debit Card O4/23/2010 Amount of Contribution Contribution ID # O417 Amount of Contribution Contribution Amount of Contribution Contribution Amount of Contribution Contribution Amount of Contribution Contribution Amount of Contribution Amount of Contribution Amount of Contribution State City State Zip Code Date Received O4/23/2010 Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Debysis; spouse, or dependent child of a lobbyist? \$100.00 \$100.00 \$100.00 \$200-contribution Last Name Hasiotis Mary Ann MI Method of contribution Is contribution associated with a fundraising event listed in Section J1? If yes, list Event # Desonal Cheek Money Order Credit/Debit Card Aggregate Contributions \$100.00 \$100.00 \$100.00 \$100.00 \$200-contribution Amount of Contribution Contribution ID # O419 Amount of Contribution Contribution Amount of Contribution First Name Hasiotis Mary Ann MI Method of contribution: Is this contribution: Contribution Contribution Contribution Amount of Contribution Contribution Amount of Contribution Contribution Amount of Contribution Contribution Amount of Contribution Amount of Contribution Contribution associated with a fundraising event listed in Section J1? If yes, list Event # O4252010A No State contribution associated with a fundraising event listed in Section J1? If yes, list Event # O4252010A No State contributions Aggregate Contributions Aggreg	contractor		self			· -	section 31:	x No	
Seventment the contract is with: State Legislative	Is contributor a principal of a state contractor	or prospective	Yes X No			-	Aggregate C	Contributions	7
Last Name McArthur Tamiko Mil Method of contribution: Cash Mil Method of contribution: Contribution ID # O417 Amount of Contribution Residential Street Address 50 Bellevue Rd Principal Occupation physician Name of Employer New Haven Pediatrics Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of contribution Residential Street Address City New Haven Pediatrics Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes X No MI Method of contribution: Contributions associated with a fundraising event listed in Section J1? X No State Contributor a lobbyist; spouse, or dependent child of a lobbyist? Syes, indicate which branch or branches of Executive Legislative Mil Method of contribution: Contribution ID # O419 Amount of Contribution Contributor a lobbyist spouse, or dependent child of a lobbyist? State Zip Code Date Received O419 Amount of Contribution ID # O427/2010 Is this contributor a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist spouse, or dependent child of a lobbyist? State Contribution associated with a X Yes Xes						•		\$100.00	\$100.00
Residential Street Address City State Zip Code Od-17 Contribution			Executive Legislative	+ -			<u> </u>		<u> </u>
Residential Street Address 50 Bellevue Rd City New Haven Name of Employer New Haven Pediatrics Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				MI			neck		
So Bellevue Rd New Haven CT 06511 04/23/2010	Tro went	Tarrinco				y Order Credit/Debi		¥17 	Contribution
Principal Occupation physician Name of Employer New Haven Pediatrics Is this contribution associated with a fundraising event listed in Section J1?	Residential Street Address		City		State	Zip Code			
Secontributor a principal of a state contractor or prospective state contractor? Seyes, indicate which branch or branches of government the contract is with: Secontributor a lobbyist? Seyes, indicate which branch or branches of sovernment the contract is with: Secontributor a lobbyist? Sexestate contractor? Sexestate contract is with: Secontributor a lobbyist? Sexestate contract is with: Secontribution and second and	50 Bellevue Rd		New Haven		СТ	06511	04/23	3/2010	4
If yes, list Event # X No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Hasiotis Residential Street Address 1655 Barnum Ave Principal Occupation manager If yes, list Event # X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No State Contribution ID # O419 Amount of Contribution Contribution ID # O419 Amount of Contribution Contribution Is this contribution associated with a X Yes fundaming greated in Section J1? If yes, list Event # X No \$100.00 \$1			1 ' '						
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Hasiotis Last Name Hasiotis Residential Street Address 1655 Barnum Ave Principal Occupation manager Name of Employer Frankie's Diner Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Amount of Contribution: Contribution ID # O419	physician		New Haven Pediatrics			· -		x No	
Is yes, indicate which branch or branches of government the contract is with: Last Name First Name Mary Ann Method of contribution: Contribution ID # O419 Amount of Contribution	I	or prospective	Yes X No			-	Aggregate C	Contributions	7
Last Name Hasiotis MI		П				·		\$100.00	\$100.00
Hasiotis Mary Ann X Cash			Executive Legislative	+ -	1		1		1
Residential Street Address 1655 Barnum Ave Bridgeport CT 06610 Date Received 04/27/2010 Principal Occupation manager Name of Employer Frankie's Diner Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04252010A No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Residential Street Address City State CT 06610 Date Received 04/27/2010 Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04252010A Aggregate Contributions state contractor? \$20.00 \$20.00				MI			neck		
Principal Occupation manager Name of Employer Frankie's Diner Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04252010A Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of	Tidalocia	riary / iiii			_	y Order Credit/Debi		ł19 	Contribution
Principal Occupation manager Name of Employer Frankie's Diner Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 04252010A No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Foundation Section J1? If yes, list Event # 04252010A No Aggregate Contributions dependent child of a lobbyist? \$20.00 \$20.00	Residential Street Address		City		State	Zip Code	Date Re	eceived	
manager Frankie's Diner fundraising event listed in Section J1? If yes, list Event # 04252010A Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Frankie's Diner fundraising event listed in Section J1? If yes, list Event # 04252010A Aggregate Contributions dependent child of a lobbyist? \$20.00 \$20.00	1655 Barnum Ave		Bridgeport		СТ	06610	04/27	7/2010	
If yes, list Event # 04252010A No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Security State Contributor a lobbyist? If yes, list Event # 04252010A No Aggregate Contributions dependent child of a lobbyist? \$20.00 \$20.00			1					x Yes	
state contractor? Is yes, indicate which branch or branches of	manager		Frankle's Diner			_ ~		No	
state contractor? Is yes, indicate which branch or branches of	Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggregate C	Contributions	†
			Executive Legislative			-		\$20.00	\$20.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	nl 07/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals				
Last Name Stewart	First Name Reginald		MI	x Cash	contribution: Personal Cl y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 914 Conn Ave		City Bridgeport		State CT	Zip Code 06607		te Received /27/2010		
Principal Occupation pastor		Name of Employer pastor		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$20.00
Last Name Altobelli	First Name Angelo		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 58 Lake Ave		City Trumbull		State CT	Zip Code 06611		te Received /27/2010		
Principal Occupation plumber		Name of Employer Local 777		•	Is this contribution associa fundraising event listed in If yes, list Event # 042		[?] □.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$20.00
Last Name Anderson	First Name Denise		MI	Cash	contribution: X Personal Cl		Contribution I	ID#	Amount of Contribution
Residential Street Address 361 Barnum Ave		City Bridgeport		State CT	Zip Code 06601		te Received /27/2010		
Principal Occupation registed nurse		Name of Employer New Haven Job Corps			Is this contribution associa fundraising event listed in If yes, list Event # 042		11.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution \$100	ons 0.00	\$100.00
Last Name Roussas-Bagordakis	First Name Vasiliki		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 217 Virginia Ave		City Bridgeport		State CT	Zip Code 06610		te Received /27/2010		
Principal Occupation assistant mgr		Name of Employer Webster Bank			Is this contribution associa fundraising event listed in If yes, list Event # 042	Section J1	· 日		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$50.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Cam Staples For Attorney Gene	eral						Origin	al 07/12/2010
		B. Itemized Contribu	ıtions fron	ı Individu	ıals		•	
Last Name Koulouris	First Name Matthew		MI	Cash	contribution: X Personal C	heck 042	tribution ID #	Amount of Contribution
Residential Street Address 33 Botsford Pl		City Trumbull		State CT	Zip Code 06611	Date Rec 04/27/		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 042		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Co	ontributions \$20.00	\$20.00
Last Name Nero, MD	First Name Thomas		MI	Cash	contribution: X Personal Conder Credit/Deb	heck 042	tribution ID# 28	Amount of Contribution
Residential Street Address 271 Guinea Rd		City Stamford		State CT	Zip Code 06903	Date Rec 04/27/		
Principal Occupation physician		Name of Employer self		•	Is this contribution associa fundraising event listed in If yes, list Event # 041		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name Danehower, MD	First Name Richard		MI	Cash	contribution: X Personal C	heck 042	tribution ID#	Amount of Contribution
Residential Street Address 76 Cherry Valley Rd		City Greenwich		State CT	Zip Code 06831	Date Rec 04/27/		
Principal Occupation md		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event # 041		X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Claflin	First Name Mark J.		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 043	tribution ID#	Amount of Contribution
Residential Street Address 31 Abbott Rd		City Wellesley		State MA	Zip Code 02481	Date Rec 04/27/		
Principal Occupation attorney		Name of Employer Howd & Ludorf		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Cam Staples For Attorney Gene	ral						Ori	ginal 07/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Paoletti, Jr.	First Name Frederick		MI D	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 43 Vermont Ave		City Stratford	<u> </u>	State CT	Zip Code 06615	Date F	Received 27/2010	
Principal Occupation attorney		Name of Employer Paoletti & Gesmond			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$50.0	0 \$50.00
Last Name Garland	First Name Patricia		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 40 Autumn St		City New Haven		State CT	Zip Code 06511		Received 27/2010	
Principal Occupation painting conservator		Name of Employer Yale Art Gallary		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.0	0 \$100.00
Last Name Arterton	First Name Christoph	er	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 219 Bishop St		City New Haven		State CT	Zip Code 06511		Received 27/2010	
Principal Occupation professor		Name of Employer George Washington U.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.0	0 \$100.00
Last Name Callahan	First Name Thomas		MI Q	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 25 Forest Rd		City Stafford Springs		State CT	Zip Code 06076		Received 27/2010	
Principal Occupation administrator		Name of Employer Uconn		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.0	0 \$100.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILI	NG DUE DATE
Cam Staples For Attorney Gene	ral						Orig	inal 07/12/2010
		B. Itemized Contributi	ons from	Individu	ıals			
Last Name Schreiber	First Name Jeannette		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	ontribution ID #	Amount of Contribution
Residential Street Address 236 Michael Dr		City Longwood		State FL	Zip Code 32779		Received 7/2010	
Principal Occupation associate dean and chief legal offi		Name of Employer U of Central FI College of Mer	dicine	•	Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Hollister, Jr, MD	First Name Dickerma	n	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ontribution ID #	Amount of Contribution
Residential Street Address 4 Cedarwood Dr		City Greenwich		State CT	Zip Code 06830		Received 7/2010	
Principal Occupation physician		Name of Employer self		•	Is this contribution associate fundraising event listed in Surface If yes, list Event # 041		X Yes	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name Dempsey	First Name John		MI	X Cash	contribution: Personal Ch y Order Credit/Debi	neck 04	ontribution ID #	Amount of Contribution
Residential Street Address 190 Swanson Ave		City Stratford		State CT	Zip Code 06614		Received 7/2010	
Principal Occupation plumbing		Name of Employer self	_		Is this contribution associated fundraising event listed in Surface If yes, list Event # 042		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$25.00	\$25.00
Last Name Roussas	First Name Anna		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	ontribution ID #	Amount of Contribution
Residential Street Address 38 Maltbie Rd		City Newtown		State CT	Zip Code 06470		Received 7/2010	
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in 1 If yes, list Event # 042	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						C	Origina	1 07/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name Roussas	First Name Petros		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 38 Maltbie Rd		City Newtown		State CT	Zip Code 06470		e Received /27/2010		
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in 1 If yes, list Event # 042			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$20	ns 0.00	\$20.00
Last Name Wasch	First Name William		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 150 Coleman Rd		City Middletown		State CT	Zip Code 06457		e Received /27/2010		
Principal Occupation developer		Name of Employer self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		, X N	res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$50	ns 0.00	\$50.00
Last Name Parnes MD	First Name Robert		MI	Cash	contribution: X Personal Character Credit/Debit	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 45 Oxford Dr		City South Windsor		State CT	Zip Code 06074		e Received /30/2010		
Principal Occupation MD		Name of Employer Heathwise Medical		•	Is this contribution associal fundraising event listed in S If yes, list Event #			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$50	ns 0.00	\$50.00
Last Name Carbone	First Name Nicholas		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 2 Park Pl Apt 23A		City Hartford		State CT	Zip Code 06106		e Received /30/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second second in the second sec		x N	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution		\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FI	ILING I	DUE DATE
Cam Staples For Attorney Gene	ral						Oı	riginal	07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		<u> </u>		
Last Name	First Name		MI	Method of	contribution:		Contribution ID) #	Amount of
Stone	Susan			Cash Money	y Order	10	0438		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
500 Ellsworth Ave		New Haven		СТ	06511	04/3	30/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contributions \$75.		\$75.00
Last Name	First Name		MI	Method of	contribution:		Contribution ID) #	Amount of
Baker	Dean			Cash Money	y Order Personal Cl	10	0439		Contribution
Residential Street Address		City		State	Zip Code		Received		
91 Spring Glen Ter		Hamden		СТ	06517		30/2010	_	
Principal Occupation attorney		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contributions \$100.		\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution ID)#	Amount of
Abbatiello	Richard			Cash Money	y Order X Personal Cl Credit/Debi	neck (0440		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
178 Linden St		New Haven		СТ	06511	04/3	30/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contributions		\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution ID) #	Amount of
Krinsky	Michael		М	Cash Money	y Order X Personal Cl Credit/Debi		0441		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
16 Watson Dr		West Simsbury		СТ	06092	04/3	30/2010		
Principal Occupation doctor		Name of Employer self			Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggregate	te Contributions		\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							F	FILING	DUE DATE
Cam Staples For Attorney Gene	ral						(Origina	1 07/12/2010
		B. Itemized Contri	butions fro	m Individu	ıals				
Last Name Bryson	First Name Susan		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 215 Clark Ave		City Branford	•	State CT	Zip Code 06405		ate Received 4/30/2010		
Principal Occupation attorney		Name of Employer Wiggin & Dana			Is this contribution associa fundraising event listed in If yes, list Event #		1 1 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Molinelli	First Name Bruce		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 65 W Brother Dr		City Greenwich		State CT	Zip Code 06830		ate Received 4/30/2010		
Principal Occupation md		Name of Employer Surgical Spec. of Greenv	vich	•	Is this contribution associa fundraising event listed in If yes, list Event #		1 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Swift	First Name Carol		MI A	Cash	contribution: X Personal C		Contribution I	ID#	Amount of Contribution
Residential Street Address 103 Halstead Ave		City Greenwich		State CT	Zip Code 06831		ate Received 4/30/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		1 1 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Carolan	First Name Stephen		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 103 Halstead Ave Unit A		City Greenwich		State CT	Zip Code 06831		ate Received 4/30/2010		
Principal Occupation md		Name of Employer Westmed			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depende	ibutor a lobbyis nt child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
							Total of Sec	ction B	\$13,300.00
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Sect	ions A & B) (Total on Line 14	of Sumn	nary Page)		\$13,300.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	DUE DATE		
Cam Staples For Attorney General Original								07/12/2010		
C1. Contributions from Other Committees										
Name of Committee					Name of Treasurer					
Address			Is this contribution a fundraising event			Yes If yes, list Event	t #	Amount of Contribution		
City	State	Zip	Code	Date R	eceived	Aggregate Contributions				
Total of Section C1										

I. MONETARY RECEIPTS (Section A-I)							
			FILIN	NG DUE DATE			
Cam Staples For Attorney General Ori							
C2. Reimbursements or Payments from other Committees							
Name of Committee Name of Treasurer							
		Date Received		Amount of Receipt			
State	Zip Code	Reimbursement for shared expense					
		Payment for goods and services					
Total of Section C2							
	ts or Payme	ts or Payments from other Co	ts or Payments from other Committees Name of Treasurer Date Received State Zip Code Reimbursement for shared expense Payment for goods and services	Toriginal ts or Payments from other Committees Name of Treasurer Date Received State Zip Code Reimbursement for shared expense Payment for goods and services			

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE					FILING	DUE DATE				
Cam Staples For Attorney General					Origina	Original 07/12/2010				
	D. Loans Received this Period									
Name of Lender				Source of Louis.	Is there a cosigner or Guarantor of	Amount Received				
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes					
Name of Cosigner/Guarantor				Other Committee	No					
Street Address	City	State	Zip Code	Date Received						
Total of Section D										

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					FILING DUE DATE				
Cam Staples For Attorney	Original 07/12/2010								
E. Personal Funds of the Candidate Received this Period									
Date Received	Amount	Method of Payment	t Cash	Personal Check	Credit/Debit Card				
Total of Section E									

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITT	EE				FILING DUE DATE				
Cam Staples For Atto	Original 07/12/2010								
	F. Anonymous Contributions								
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount				

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE					FILING DUE DATE					
Cam Staples For Attorney General	Origi	nal 07/12/2010								
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Received				Total Amount Received				
Street Address	City		State	Zip Code		•				
Total of Section G										

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

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE	FILI	NG DUE DATE						
Cam Staples For Attorney General	Origi	Original 07/12/2010						
I. Miscellaneous Monetary Receipts not Considered Contributions								
Name		Date of Trans	saction		Amount Received			
Street Address	City	State	Zip Code					
Description								
Total of Section I								

	II. FUNDRAISING	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
COMMITTEE Cam Staples For A	ttorney General				Original 07/12	/2010
	J1. Fundra	ising Event Information				
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 03/18/2010 A	Cocktail Event	unknown	Betha	ny	СТ	
Was this fundraising event h	osted at a personal residence?	•	X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 03/26/2010 A	Cocktail Event	193 Whitney Ave	New H	Haven	СТ	06511
Was this fundraising event h	osted at a personal residence?		Yes	X No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	x No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
04/11/2010 A	Home Fundraiser	127 Everit St	New H	Haven	СТ	06515
Was this fundraising event h	osted at a personal residence?		X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 04/18/2010 A	Home Fundraiser	14 Miller Rd	Betha	ny	СТ	06524
Was this fundraising event h	osted at a personal residence?		X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 04/25/2010 A	Dinner Event	1660 Barnum Ave	Bridge	eport	СТ	06610
Was this fundraising event h	osted at a personal residence?		Yes	X No		
Did this fundraiser include its items donated by an individual	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	x No		

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE FILING										
Cam Staples For Attorney General Original										
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI Method of payment: Cash Personal Check Credit/Debit Card Purchases Aggregate Amount of Purchases								
Residential Street Address	City	State	Zip Code	Date Received	Event #					
Items Purchased										
Total of Section J2										

	II. FUNDRAISING EVENT ACTI	VIT	Y					
NAME OF COMMITTEE							FILING	G DUE DATE
Cam Staples For Attorney General							Origin	al 07/12/2010
J3. In-Ki	nd Donations Not Considered Contribut	tions						
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation
Street Address	City		State	Zip	Code	Aggregate value for this even		
Description of Donation		Date	e Receive	ed	Event #			
						Total of Se	ction J3	

	III. I	NON	MO	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING I	DUE DATE
Cam Staples For Attorney G	eneral							Original	07/12/2010
	K.	In-K	ind (Contributions					
Name							Date Receive	ed	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? If yes, indicate which branch or branches government the contract is with:		Yes No Legislative			
Is this contribution associated with a funda- listed in Section J19 If yes, list Event#		Yes No	Desc	cription of In-Kind Contribution		_	Aggregate contr	ibutions	
	<u> </u>			<u> </u>			Total of	Section K	

III. Non Monetary Receipts											
NAME OF COMMITTEE	FILING	DUE DATE									
Cam Staples For Attorney General	Origina	I 07/12/2010									
L. Refundable Deposit to Telephone Company											
Last Name (Individuals Only)	First Name		Amount of Deposit								
Street Address	City		State	Zip Code	Zip Code						
Name of Telephone company											
Street Address City State Zip Code											
Total of Section L											

III. NONMONETARY RECEIPTS												
NAME OF COMMITTEE	F	FILING DUE DATE										
Cam Staples For Attorney General						О	riginal 07/12/2010					
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee												
Name of Committee Name of Treasurer												
Street Address		•		Date N	otice Received	i	Fair Market Value of Donation					
City	State	Zip Code		Aggreg	gate Donations							
Description of Donation Purpose of Expenditure A B C D E												
Total of Section M												

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee U.S. Postal Service Street Address Brewery Street Description stamps	City New Haven	State CT	Zip Code 06511	Date of Payment 04/15/2010 Purpose of Expenditure POST	Method of Pays X Check # 1009 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$88.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Cameron Staples				04/15/2010	X Check #		
·	City	C4-4-	Zin Code	Purpose of Expenditure	1010		
Street Address PO Box 207172	New Haven	State CT	Zip Code 06520	POST	Debit Car	rd	
Description reimburse postage		l	1	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$90.00
X No				T	1		10000
Name of Payee Audrey Huntington				Date of Payment 04/15/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1008		
PO Box 200188	New Haven	СТ	06520	POLLS	Debit Car	rd	
Description reimburse election request copies					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	Iame		Office Sought			\$20.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Katerina Rohner				Date of Payment 04/16/2010	Method of Payr	nent	Amount
Street Address 61 Huntington St	City New Haven	State CT	Zip Code	Purpose of Expenditure POST	1012 Debit Car	d	
Description postage	New Haven		1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$36.96
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Neubert, Pepe & Monteith, P.C.		ı	1	04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1022		
195 Church St Fl 13	New Haven	СТ	06511	PRNT	Debit Car	d	
Description Copy charges through 3/31					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$451.29
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Cameron Staples		Π	1	04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1011 Debit Car	d	
PO Box 207172	New Haven	СТ	06520	FNDR	 	<u>.</u>	
Description reimburse fundraising event					Event # 03282010A		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$444.49

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee katherine Breslin				Date of Payment 04/16/2010	Method of Payr	ment	Amount
Street Address 91 Elm St Apt 228C	City Manchester	State CT	Zip Code 06040	Purpose of Expenditure	1018 Debit Car	·d	
Description 3/15 through 4/16 wages (5 weeks)	- Tallon 6000	•			Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$1,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
NGP Software, INc	Г		-	04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1017		
1225 Eye St NW Ste 1225	Washington	DC	20005	WEB	Debit Car	d	
Description website setup fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Name		Office Sought			
X No							\$2,400.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Cindy Rosarbo		I	T	04/16/2010	X Check #		
Street Address 190 Wooster St # 58	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure WAGE	1021 Debit Car	·d	
Description 3/29 through 4/9/10 (2 weeks)	1.00.1.010.	•			Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$150.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Audrey Huntington				Date of Payment 04/16/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code 06520	Purpose of Expenditure WAGE	1019 Debit Car	d	
PO Box 200188 Description	New Haven	СТ	06520	WAGE	Event #		
4/5 through 4/16 wages (2 weeks)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$300.00
X No				T	1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
New Haven Lawn Club			_	04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1013</u>		
193 Whitney Ave	New Haven	СТ	06511	FOOD	Debit Car	d	
Description fundraising event					Event # 03262010A		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,222.38
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Rebecca Hodgen			1	04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1020 Debit Car	d	
43 Walbridge Rd	West Hartford	СТ	06119	WAGE	 		
Description 4/5 through 4/16 wages (2 weeks)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$600.00
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Advocate Press	<u>i</u>		1	04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1014		
441 Chapel St	New Haven	СТ	06511	PRNT	Debit Car	^r d	
Description					Event #		
Walk Cards							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l		
Yes X No							\$1,054.70
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Advocate Press				04/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1015</u>		
441 Chapel St	New Haven	СТ	06511	PRNT	Debit Car	d	
Description					Event #		
campaign labels							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	other Candidate(s) N	lame		Office Sought			
Yes X No							\$583.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Connecticut Direct Mail				04/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1023</u>		
2 Toelles Rd	Wallingford	СТ	06492	A-DM	Debit Car	·d	
Description			•		Event #		
mass mailing							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$425.00
X No							1 4.23.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Rebecca Hodgen				Date of Payment 04/21/2010	Method of Pays	ment	Amount
Street Address 43 Walbridge Rd	City West Hartford	State CT	Zip Code 06119	Purpose of Expenditure WAGE	1024 Debit Car	rd	
Description 4/19 - 4/30 wages (2 weeks)		1			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$600.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Rebecca Hodgen				04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1030</u>		
43 Walbridge Rd	West Hartford	СТ	06119	OFFICE	Debit Car	^r d	
Description office supplies (routers and cables)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$219.17
X No					1		, · · ·
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Cindy Rosarbo				04/30/2010	X Check # 1025		
Street Address 190 Wooster St # 58	City New Haven	State	Zip Code 06511	Purpose of Expenditure WAGE	Debit Car	·d	
Description 4/19 through 4/30 wages (2 weeks)	THE THE TENTE OF T	1	1	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$150.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Katherine Breslin				Date of Payment 04/30/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1029</u>		
91 Elm St Apt 228C	Manchester	СТ	06040	OFFICE	Debit Car	d	
Description office supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Vame		Office Sought			\$16.91
Name of Payee				Date of Payment	Method of Pay	ment	Amount
				04/30/2010	l `	nent	Milount
Katherine Breslin		l			X Check #		
Street Address 91 Elm St Apt 228C	City	State	Zip Code 06040	Purpose of Expenditure WAGE	Debit Car	rd	
Description	Manchester	СТ	00040	WAGL	Event #	-	
4/19 through 4/30 wages (2 weeks)					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$600.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
The Advocate Press	Т	1		04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1028		
441 Chapel St	New Haven	СТ	06511	OFFICE	Debit Car	d	
Description stationary					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Name		Office Sought			\$731.40
100							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Audrey Huntington		<u> </u>		04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1027		
PO Box 200188	New Haven	СТ	06520	WAGE	Debit Car	rd	
Description					Event #		
4/19 through 4/30 wages (2 weeks)							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$300.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Merchant Bank	Γ		T	05/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
UNKNOWN	Unknown	СТ		BNK	X Debit Car	rd	
Description direct donation deposit fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$0.30
Name of Payee Merchant Bank				Date of Payment 05/03/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	Circus #		
UNKNOWN	Unknown	CT	Zip Code	BNK	X Debit Car	rd	
Description					Event #		
direct donation deposit fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$0.50
I I A I No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Connecticut Direct Mail				Date of Payment 05/04/2010	Method of Payr	ment	Amount
Street Address 2 Toelles Rd	City Wallingford	State CT	Zip Code 06492	Purpose of Expenditure A-DM	1031 Debit Car	rd	
Description direct mailing			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$445.00
X No				<u> </u>	1		ψ
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Rebecca Hodgen				05/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1032</u>		
43 Walbridge Rd	West Hartford	СТ	06119	OFFICE	Debit Car	·d	
Description stamps; cables		-	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$134.62
Name of Payee				Date of Payment	Method of Pay	ment	Amount
AT&T	Г		ı	05/11/2010	X Check #		
Street Address PO Box 598016	City Orlando	State FL	Zip Code 32859	Purpose of Expenditure OVHD	1033 Debit Car	rd	
Description	0.10.100		1	1	Event #		
telephone							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$891.06

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee JMJ Services				Date of Payment 05/11/2010	Method of Pay	ment	Amount
					X Check #		
Street Address	City	State	Zip Code 06511	Purpose of Expenditure OVHD	Debit Car	rd.	
129 Church St Description	New Haven	СТ	00311	ОУНЬ	Event #	<u> </u>	
rent for the month of May 2010					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$650.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Jennifer Necci Dineen				05/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1036</u>		
69 Derek Dr	Tolland	СТ	06084	POLLS	Debit Car	rd	
Description			•		Event #		
Public Opinion summary reports							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	other Candidate(s) N	lame		Office Sought			
Yes X No							\$700.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Harland Clark				05/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
UNKNOWN	Unknown	СТ		OFFICE	X Debit Car	d	
Description					Event #		
check fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$43.17
x No							· ·

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Cindy Rosarbo				Date of Payment 05/14/2010	Method of Pay	ment	Amount
Street Address 190 Wooster St # 58	City	State CT	Zip Code 06511	Purpose of Expenditure WAGE	1039 Debit Car	rd.	
Description 5/1 through 5/14 wages (2 weeks)	New Haven	CI	00311	WAGE	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Vame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Katherine Breslin				05/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1037</u>		
93 Elm St Apt 228C	Manchester	СТ	06040	WAGE	Debit Car	d	
Description 5/1 through 5/14 wages (2 weeks)			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$600.00
X No					1		φοσο.σσ
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Rebecca Hodgen				05/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1038		
43 Walbridge Rd	West Hartford	СТ	06119	WAGE	Debit Car	d	
Description 5/1 through 5/14 wages (2 weeks)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	Vame		Office Sought			\$600.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee U.S. Postal Service				Date of Payment 05/17/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1040 Debit Car	.a	
Brewery St	New Haven	СТ	06511	POST	 	d	
Description stamps					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			¢220.00
X No				T	1		\$220.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Audrey Huntington	1		1	05/18/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1041</u>		
2226 Delancey Pl	Philadelphia	PA	19103	WAGE	Debit Car	d	
Description 5/3 through 5/14 final wages					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$300.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
The Advocate Press	Г		1	05/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1042		
441 Chapel St	New Haven	СТ	06511	PRNT	Debit Car	d	
Description stationary					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$736.70
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Jonathan Pelto				Date of Payment 05/21/2010	Method of Payı X Check #	nent	Amount
Street Address PO Box 400	City Storrs	State CT	Zip Code 06268	Purpose of Expenditure Misc *	1046 Debit Car	d	
Description Database Development project		•			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$810.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Cindy Rosarbo				05/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1045</u>		
190 Wooster St # 58	New Haven	СТ	06511	WAGE	Debit Car	d	
Description missed week ending 4/9; week ending 5/2	11				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$150.00
N ₀					1		
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Rebecca Hodgen		l	T	05/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure WAGE	1044 Debit Car	d	
43 Walbridge Rd Description	West Hartford	СТ	06119	WAGE			
final wages week ending 5/21/10					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$300.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Katherine Breslin				Date of Payment 05/21/2010	Method of Payr	ment	Amount
Street Address 91 Elm St Apt 228	City Manchester	State	Zip Code 06040	Purpose of Expenditure WAGE	1043 Debit Car	rd	
Description final wages week ending 5/21/10	- Tallon (1990)	•			Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Vame		Office Sought			\$300.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
U.S. Postal Service	<u> </u>	1	1	06/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1047		
Brewery Street	New Haven	СТ	06511	POST	Debit Car	d	
Description postage					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Name		Office Sought			
X No							\$44.00
Name of Payee JMJ Services				Date of Payment 06/01/2010	Method of Pay	ment	Amount
		l			X Check # 1048		
Street Address 129 Church St	City New Haven	State CT	Zip Code 06510	Purpose of Expenditure OVHD	Debit Car	ď	
Description	New Haven	١٠.	100020	105	Event #		
rent for June							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$650.00
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Merchant Bank	1			06/03/2010	Check #		
Street Address	City	State CT	Zip Code	Purpose of Expenditure BNK	X Debit Car	rd.	
UNKNOWN	Unknown	CI		DINK	 	u	
Description direction donation deposit fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$0.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Merchant Bank				06/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
UNKNOWN	Unknown	СТ		BNK	X Debit Car	d	
Description direct donation deposit fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$0.79
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Merchant Bank	T			06/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
UNKNOWN	Unknown	СТ		BNK	X Debit Car	rd	
Description direct donation deposit fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought	•		\$24.50
LITE No.							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee AT&T				Date of Payment 06/04/2010	Method of Payr	nent	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1049		
PO Box 8110	Aurora	IL	60507	OVHD	Debit Car	d	
Description telephone service					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$1,383.85
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Cindy Rosarbo				06/04/2010	l		
	Cit.	a	T. 6.1		X Check # 1051		
Street Address 190 Wooster St # 58	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure WAGE	Debit Car	d	
Description	New Haven	<u> </u>	00311	III/102	Event #		
wages 2 weeks ending 6/4.2010							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$150.00
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Neubert, Pepe & Monteith, PC		1	1	06/04/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1050		
195 Church St Fl 13	New Haven	СТ	06510	OVHD	Debit Car	d	
Description cell phone, copy charges etc					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$1,133.34
x No							Ψ1,133.34

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee The Advocate Press				Date of Payment 06/11/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1052</u>		
441 Chapel St	New Haven	СТ	06511	PRNT	Debit Car	d d	
Description note cards			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$768.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
				06/15/2010	l	ment	Amount
Neubert, Pepe & Monteith					X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1056 Debit Car	rd.	
195 Church St	New Haven	СТ	06510	OVHD			
Description cell phone charges					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$418.67
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Communication Strategies				06/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1053		
28 Rundelane	Bloomfield	СТ		POLLS	Debit Car	d	
Description two summary reports and briefing (public	opinion)				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$1,125.00
LITE No.							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Cam Staples For Attorney General						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Frank Mongillo, Jr		Ι		06/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1054		
12 Oliver Rd	New Haven	СТ	06515	REF	Debit Car	ď	
Description refund contribution for lack of form					Event #		
return contribution for fack of form							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes							
X No							\$100.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Wendy Mongillo				06/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1055</u>		
12 Oliver Rd	New Haven	СТ	06515	REF	Debit Car	d	
Description		•		•	Event #		
refund contribution for lack of form							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	other Candidate(s) N	lame		Office Sought			
Yes							\$100.00
X No							
					Total of Sec	ction N	\$24,913.80

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Cam Staples For Attorney General Orig						Origina	Original 07/12/2010	
O. Campaign Expenses Paid By Candidate								
Name of Payee Date of Payment					nent Is Reimbur Claimed?		rsement	Amount
Street Address		City	State	Zip Code		Yes No		
Purpose of Expenditure	Description		•	!	Event#			
Total of Section O								

NAME OF COMMITTEE						FI	FILING DUE DATE	
Cam Staples For Attorney General							Original 07/12/2010	
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Type of Credit Card:								
			Visa	Master Card	Discover	Amei	rican	
			Other					
Name of Vendor					Date of Transaction		Amount	
Street Address		City	State	Zip Code				
Purpose of Expenditure	Description		Į.		Event #			
Total of Section I						n P		

IV. EXPENDITURES								
NAME OF COMMITTEE				FILING	DUE DATE			
Cam Staples For Attorney General				Original	07/12/2010			
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or			
Street Address	City		State	Zip Code	Actual)			
Purpose of Expenditure								
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	date(s) Name	Office Sought						
			Total of	Section Q				

IV. EXPENDITURES							
NAME OF COMMITTEE FILI					FILING DUE DATE		
Cam Staples For Attornev General Origin					Origin	Original 07/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of Payment		Method of Payment Check #		Amount	
Secondary Payee		Purpose of Expenditure		Debit Card			
Street Address	City	State		Zip Code			
Description				Event #			
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought				
Yes No							
L				Total of Se	ection R		

IV. EXPENDITURES							
NAME OF COMMITTEE FIL							
Cam Staples For Attorney General Or.							
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient					Original Purchase Amount of Item		
Street Address	City	State	Zip Code				
Description							
Total of Section S							