

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 78

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Cam Staples For Attorney General					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Roberta	MI B.	Last Willis	Suffix		
4. TREASURER ADDRESS						
Street Address 30 Upland Meadow Rd		City Salisbury		State CT	Zip Code 06039	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Attorney General				
8. CANDIDATE NAME						
Title	First Cameron	MI C.	Last Staples	Suffix		
9. TYPE OF REPORT						
July 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
04/01/2010 thru 06/30/2010						
11. CERTIFICATION						
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Cindy Rosarbo		07/12/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
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. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Toutain	First Name Stephan	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0298	Amount of Contribution
Residential Street Address 131 Garfield Rd	City West Hartford	State CT	Zip Code 06107	Date Received 04/01/2010	
Principal Occupation doctor	Name of Employer Alexion	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Harris	First Name Julie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0299	Amount of Contribution
Residential Street Address 20 W Hill Dr	City West Hartford	State CT	Zip Code 06107	Date Received 04/01/2010	
Principal Occupation attorney	Name of Employer Noble Spector & OConner	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Dybay, Jr.	First Name Keith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0300	Amount of Contribution
Residential Street Address 20 W Hill Dr	City West Hartford	State CT	Zip Code 06119	Date Received 04/01/2010	
Principal Occupation attorney	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name O'Connor	First Name Jung Hee Lee	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0301	Amount of Contribution
Residential Street Address 193 Sedgwick Rd	City West Hartford	State CT	Zip Code 06107	Date Received 04/01/2010	
Principal Occupation manager	Name of Employer Marjam building supply	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Roper	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0315	Amount of Contribution \$25.00
Residential Street Address 210 Pequot Ave	City Mystic	State CT	Zip Code 06355	Date Received 04/05/2010		
Principal Occupation carpenter	Name of Employer Three Rs Co		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Wright	First Name Elissa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0316	Amount of Contribution \$100.00
Residential Street Address 51 Pearl St	City Noank	State CT	Zip Code 06340	Date Received 04/05/2010		
Principal Occupation legislator and attorney	Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Altieri	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0312	Amount of Contribution \$100.00
Residential Street Address 54 Edinburgh Ln	City Madison	State CT	Zip Code 06443	Date Received 04/05/2010		
Principal Occupation financial consultant	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Brigham	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0305	Amount of Contribution \$75.00
Residential Street Address 114 Middle Rd	City Hamden	State CT	Zip Code 06517	Date Received 04/05/2010		
Principal Occupation lawyer	Name of Employer Ues		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Ryerse	First Name D. Lynne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0307	Amount of Contribution
Residential Street Address 84 Arlington St	City West Haven	State CT	Zip Code 06516	Date Received 04/05/2010		
Principal Occupation bursar	Name of Employer Graduate Inst	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Usinger	First Name Effie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0308	Amount of Contribution
Residential Street Address 16 Candlewood Rd	City Milford	State CT	Zip Code 06461	Date Received 04/05/2010		
Principal Occupation hr admin	Name of Employer RZD corp	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Wallace	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0309	Amount of Contribution
Residential Street Address 70 Belgo Rd	City Lakeville	State CT	Zip Code 06068	Date Received 04/05/2010		
Principal Occupation artist	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Whetstone	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0313	Amount of Contribution
Residential Street Address 243 Front St Unit 6	City New Haven	State CT	Zip Code 06513	Date Received 04/05/2010		
Principal Occupation public admin.	Name of Employer Ct Housing	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Ahamed, MD	First Name Sultan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0321	Amount of Contribution \$100.00
Residential Street Address 29 Gravel St	City Mystic	State CT	Zip Code 06355	Date Received 04/12/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Moore	First Name Carmela	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0322	Amount of Contribution \$100.00
Residential Street Address 25 Pebblebrook Dr	City Rocky Hill	State CT	Zip Code 06067	Date Received 04/12/2010		
Principal Occupation accountant	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Masucci	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0324	Amount of Contribution \$100.00
Residential Street Address 281 Warner Rd	City East Haven	State CT	Zip Code 06472	Date Received 04/12/2010		
Principal Occupation office manager	Name of Employer Inovative Engineering		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Fonda, Sr	First Name Lou	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0325	Amount of Contribution \$100.00
Residential Street Address 64 Lanes Pond Rd	City Northford	State CT	Zip Code 06472	Date Received 04/12/2010		
Principal Occupation project manager	Name of Employer Enterprise Plumbing		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Defelice	First Name Jaime	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0330	Amount of Contribution
Residential Street Address 41 Nida Dr	City Northford	State CT	Zip Code 06472	Date Received 04/12/2010		
Principal Occupation teacher	Name of Employer North Branford Public Schools		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Masucci	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0332	Amount of Contribution
Residential Street Address 281 Warner Rd	City East Haven	State CT	Zip Code 06473	Date Received 04/12/2010		
Principal Occupation project manager	Name of Employer Enterprise Plumbing		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Saft	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0334	Amount of Contribution
Residential Street Address 2073 Fairfield Beach Rd	City Fairfield	State CT	Zip Code 06824	Date Received 04/12/2010		
Principal Occupation attorney	Name of Employer Withers Bergman		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Walker	First Name Carol	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0335	Amount of Contribution
Residential Street Address 3010 Brenner Pl	City Colorado Springs	State CO	Zip Code 80917	Date Received 04/12/2010		
Principal Occupation EVP Medical Soc.	Name of Employer EPCMS		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Heimer	First Name Alyson	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0336	Amount of Contribution \$10.00
Residential Street Address 56 Cold Spring St	City New Haven	State CT	Zip Code 06511	Date Received 04/12/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04112010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Cahill	First Name Leslie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0338	Amount of Contribution \$100.00
Residential Street Address 16 Russell Rd	City Milford	State CT	Zip Code 06460	Date Received 04/12/2010		
Principal Occupation marketing dir.	Name of Employer The Graduate Inst		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03182010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Blake	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0339	Amount of Contribution \$50.00
Residential Street Address 5 River Edge	City Milford	State CT	Zip Code 06460	Date Received 04/12/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03182010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Drezen	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0342	Amount of Contribution \$100.00
Residential Street Address 108 Ives Rd	City Goshen	State CT	Zip Code 06756	Date Received 04/12/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03182010A <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Snyder	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0359	Amount of Contribution
Residential Street Address 204 Canner St	City New Haven	State CT	Zip Code 06511	Date Received 04/12/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Moutinho	First Name Carmin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0360	Amount of Contribution
Residential Street Address 220 James St	City Ludlow	State MA	Zip Code 01056	Date Received 04/12/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00		
\$35.00						
Last Name Elicker	First Name Justin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0357	Amount of Contribution
Residential Street Address 192 Willow St	City New Haven	State CT	Zip Code 06511	Date Received 04/12/2010		
Principal Occupation student	Name of Employer Yale		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>04112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name DeFelice	First Name Salvatore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0323	Amount of Contribution
Residential Street Address 52 Yowago Ave	City Branford	State CT	Zip Code 06405	Date Received 04/12/2010		
Principal Occupation contractor	Name of Employer Enterprise Plumbing		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Defelice	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0331	Amount of Contribution
Residential Street Address 52 Yowago Ave	City Branford	State CT	Zip Code 06405	Date Received 04/12/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Mahoney	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0333	Amount of Contribution
Residential Street Address 91 Partridge Lndg	City Glastonbury	State CT	Zip Code 06033	Date Received 04/12/2010		
Principal Occupation CPA	Name of Employer Mahoney &Co		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Blake	First Name Benjamin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0337	Amount of Contribution
Residential Street Address 5 Anchorage Dr	City Milford	State CT	Zip Code 06460	Date Received 04/12/2010		
Principal Occupation attorney	Name of Employer Quinn law Office		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>03182010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Berger	First Name Ethel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0354	Amount of Contribution
Residential Street Address 50 Autumn St	City New Haven	State CT	Zip Code 06511	Date Received 04/12/2010		
Principal Occupation reading tutor	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>04112010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Dantchik	First Name Arthur	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0369	Amount of Contribution
Residential Street Address 206 Maple Hill Rd	City Gladwyne	State PA	Zip Code 19035	Date Received 04/19/2010		
Principal Occupation trader	Name of Employer SIG	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Rosen	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0371	Amount of Contribution
Residential Street Address 15 Edgehill Rd	City New Haven	State CT	Zip Code 06511	Date Received 04/19/2010		
Principal Occupation attorney	Name of Employer David Rosen & Assoc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Goren	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0372	Amount of Contribution
Residential Street Address 15 Edgehill Rd	City New Haven	State CT	Zip Code 06511	Date Received 04/19/2010		
Principal Occupation attorney	Name of Employer David Rosen & Assoc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Greenberg	First Name Joel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0373	Amount of Contribution
Residential Street Address 727 Merion Square Rd	City Gladwyne	State PA	Zip Code 19035	Date Received 04/19/2010		
Principal Occupation management	Name of Employer SIG, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Barbarotta	First Name Sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0388	Amount of Contribution \$100.00
Residential Street Address 28 Unity Dr	City Trumbull	State CT	Zip Code 06611	Date Received 04/20/2010		
Principal Occupation invitation business	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Romanow	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0383	Amount of Contribution \$100.00
Residential Street Address 401 Whitney Ave	City New Haven	State CT	Zip Code 06511	Date Received 04/20/2010		
Principal Occupation arbitration	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Green	First Name Vanessa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0395	Amount of Contribution \$100.00
Residential Street Address 410 E Main St	City Meriden	State CT	Zip Code 06450	Date Received 04/20/2010		
Principal Occupation accounting	Name of Employer Enviro Med Services	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Parke	First Name David	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0382	Amount of Contribution \$100.00
Residential Street Address 88 Notch Hill Rd Apt 332	City North Branford	State CT	Zip Code 06471	Date Received 04/20/2010		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Friedler	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0386	Amount of Contribution
Residential Street Address 96 Taintor Dr	City Fairfield	State CT	Zip Code 06890	Date Received 04/20/2010		
Principal Occupation attorney	Name of Employer Friedler & Friedler	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Barbarotta	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0389	Amount of Contribution
Residential Street Address 9 Millwood Dr	City Branford	State CT	Zip Code 06405	Date Received 04/20/2010		
Principal Occupation facilities manager	Name of Employer AFB Construction	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name DeFelice	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0390	Amount of Contribution
Residential Street Address 7 Taylor Ave	City East Haven	State CT	Zip Code 06512	Date Received 04/20/2010		
Principal Occupation custodial manager	Name of Employer AFB construction	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name DeFelice	First Name Margo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0401	Amount of Contribution
Residential Street Address 7 Taylor Ave	City East Haven	State CT	Zip Code 06512	Date Received 04/20/2010		
Principal Occupation nurse	Name of Employer East Haven Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Hamann	First Name Valerie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0391	Amount of Contribution \$100.00
Residential Street Address 50 Lobdell La	City Easton	State CT	Zip Code 06612	Date Received 04/20/2010		
Principal Occupation admin	Name of Employer Trumbull BOE		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Hamann	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0392	Amount of Contribution \$100.00
Residential Street Address 50 Lobdell La	City Easton	State CT	Zip Code 06612	Date Received 04/20/2010		
Principal Occupation engineer	Name of Employer AFB		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Koenig	First Name Dan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0393	Amount of Contribution \$100.00
Residential Street Address 17 Tilton St # 2	City New Haven	State CT	Zip Code 06511	Date Received 04/20/2010		
Principal Occupation mechanical engineer	Name of Employer AFB Facilities Management		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Lyons	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0394	Amount of Contribution \$100.00
Residential Street Address 21 Leona Dr	City Stamford	State CT	Zip Code 06907	Date Received 04/20/2010		
Principal Occupation consultant	Name of Employer AFB		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Horton, Sr		First Name Earl		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0400	Amount of Contribution
Residential Street Address 24 Jeffrey Rd		City East Haven		State CT	Zip Code 06513		Date Received 04/20/2010	
Principal Occupation operations		Name of Employer PEC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Critelli		First Name Michael		MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0402	Amount of Contribution
Residential Street Address 39 Shields Rd			City Darien		State CT	Zip Code 06820		Date Received 04/22/2010
Principal Occupation			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Critelli		First Name Joyce		MI M		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0403		Amount of Contribution	
Residential Street Address 39 Shields Rd			City Darien			State CT		Zip Code 06820		Date Received 04/22/2010	
Principal Occupation			Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	
										\$100.00	

Last Name Ciccolo		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0404	Amount of Contribution \$100.00
Residential Street Address 370 Amity Rd		City Woodbridge		State CT	Zip Code 06525	Date Received 04/22/2010		
Principal Occupation attorney		Name of Employer Allstate Insurance Co			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Brockman	First Name Herbert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0408	Amount of Contribution \$100.00
Residential Street Address 345 Ridge Rd	City Hamden	State CT	Zip Code 06517	Date Received 04/22/2010		
Principal Occupation clergy	Name of Employer Cong. Mishkin Israel		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Cini	First Name Holly	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0407	Amount of Contribution \$100.00
Residential Street Address 19 South Trl	City Niantic	State CT	Zip Code 06357	Date Received 04/22/2010		
Principal Occupation attorney	Name of Employer Jackson Lewis		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bentley	First Name Nina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0405	Amount of Contribution \$100.00
Residential Street Address 88 Hillandale Rd	City Westport	State CT	Zip Code 06880	Date Received 04/22/2010		
Principal Occupation artist	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bentley	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0406	Amount of Contribution \$100.00
Residential Street Address 88 Hillandale Rd	City Westport	State CT	Zip Code 06880	Date Received 04/22/2010		
Principal Occupation retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Wood	First Name Jo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0411	Amount of Contribution \$100.00
Residential Street Address 5341 Greystone Way	City Birmingham	State AL	Zip Code 35242	Date Received 04/23/2010		
Principal Occupation administrator	Name of Employer Vestavia School Board	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wood	First Name E. Kirk	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0412	Amount of Contribution \$100.00
Residential Street Address 5341 Greystone Way	City Birmingham	State AL	Zip Code 35242	Date Received 04/23/2010		
Principal Occupation attorney	Name of Employer Wood Law Firm	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Baker	First Name Carla	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0413	Amount of Contribution \$100.00
Residential Street Address 745 Forest Lakes Dr	City Sterrett	State AL	Zip Code 35147	Date Received 04/23/2010		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Eisenhofer	First Name Jay	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0414	Amount of Contribution \$100.00
Residential Street Address 485 Lexington Ave Fl 29	City New York	State NY	Zip Code 10017	Date Received 04/23/2010		
Principal Occupation managing director	Name of Employer Grant & Eisenhofer	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Stewart	First Name Reginald	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0421	Amount of Contribution \$20.00
Residential Street Address 914 Conn Ave	City Bridgeport	State CT	Zip Code 06607	Date Received 04/27/2010		
Principal Occupation pastor	Name of Employer pastor	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04252010A <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Altobelli	First Name Angelo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0424	Amount of Contribution \$20.00
Residential Street Address 58 Lake Ave	City Trumbull	State CT	Zip Code 06611	Date Received 04/27/2010		
Principal Occupation plumber	Name of Employer Local 777	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04252010A <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Anderson	First Name Denise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0425	Amount of Contribution \$100.00
Residential Street Address 361 Barnum Ave	City Bridgeport	State CT	Zip Code 06601	Date Received 04/27/2010		
Principal Occupation registered nurse	Name of Employer New Haven Job Corps	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04252010A <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Roussas-Bagordakis	First Name Vasiliki	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0426	Amount of Contribution \$50.00
Residential Street Address 217 Virginia Ave	City Bridgeport	State CT	Zip Code 06610	Date Received 04/27/2010		
Principal Occupation assistant mgr	Name of Employer Webster Bank	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 04252010A <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Koulouris	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0427	Amount of Contribution
Residential Street Address 33 Botsford Pl	City Trumbull	State CT	Zip Code 06611	Date Received 04/27/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04252010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Nero, MD	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0428	Amount of Contribution
Residential Street Address 271 Guinea Rd	City Stamford	State CT	Zip Code 06903	Date Received 04/27/2010		
Principal Occupation physician	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04182010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Danehower, MD	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0429	Amount of Contribution
Residential Street Address 76 Cherry Valley Rd	City Greenwich	State CT	Zip Code 06831	Date Received 04/27/2010		
Principal Occupation md	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04182010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Clafin	First Name Mark J.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0431	Amount of Contribution
Residential Street Address 31 Abbott Rd	City Wellesley	State MA	Zip Code 02481	Date Received 04/27/2010		
Principal Occupation attorney	Name of Employer Howd & Ludorf		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Paoletti, Jr.		First Name Frederick		MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0432		Amount of Contribution	
Residential Street Address 43 Vermont Ave			City Stratford		State CT	Zip Code 06615		Date Received 04/27/2010				
Principal Occupation attorney			Name of Employer Paoletti & Gesmond			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00	

Last Name Garland		First Name Patricia		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0433	Amount of Contribution
Residential Street Address 40 Autumn St			City New Haven		State CT	Zip Code 06511	Date Received 04/27/2010	
Principal Occupation painting conservator			Name of Employer Yale Art Gallery			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Arterton		First Name Christopher		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0434	Amount of Contribution \$100.00
Residential Street Address 219 Bishop St		City New Haven		State CT	Zip Code 06511	Date Received 04/27/2010		
Principal Occupation professor		Name of Employer George Washington U.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Callahan		First Name Thomas		MI Q	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0436	Amount of Contribution \$100.00
Residential Street Address 25 Forest Rd		City Stafford Springs		State CT	Zip Code 06076	Date Received 04/27/2010		
Principal Occupation administrator		Name of Employer Uconn			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Schreiber	First Name Jeannette	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0437	Amount of Contribution
Residential Street Address 236 Michael Dr	City Longwood	State FL	Zip Code 32779	Date Received 04/27/2010		
Principal Occupation associate dean and chief legal offi	Name of Employer U of Central FI College of Medicine		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Hollister, Jr, MD	First Name Dickerman	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0430	Amount of Contribution
Residential Street Address 4 Cedarwood Dr	City Greenwich	State CT	Zip Code 06830	Date Received 04/27/2010		
Principal Occupation physician	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04182010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Dempsey	First Name John	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0420	Amount of Contribution
Residential Street Address 190 Swanson Ave	City Stratford	State CT	Zip Code 06614	Date Received 04/27/2010		
Principal Occupation plumbing	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04252010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Roussas	First Name Anna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0422	Amount of Contribution
Residential Street Address 38 Maltbie Rd	City Newtown	State CT	Zip Code 06470	Date Received 04/27/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04252010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bryson	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0442	Amount of Contribution \$100.00
Residential Street Address 215 Clark Ave	City Branford	State CT	Zip Code 06405	Date Received 04/30/2010		
Principal Occupation attorney	Name of Employer Wiggin & Dana		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Molinelli	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0445	Amount of Contribution \$100.00
Residential Street Address 65 W Brother Dr	City Greenwich	State CT	Zip Code 06830	Date Received 04/30/2010		
Principal Occupation md	Name of Employer Surgical Spec. of Greenwich		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Swift	First Name Carol	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0446	Amount of Contribution \$100.00
Residential Street Address 103 Halstead Ave	City Greenwich	State CT	Zip Code 06831	Date Received 04/30/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Carolan	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0447	Amount of Contribution \$100.00
Residential Street Address 103 Halstead Ave Unit A	City Greenwich	State CT	Zip Code 06831	Date Received 04/30/2010		
Principal Occupation md	Name of Employer Westmed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Total of Section B						\$13,300.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary 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 associated with a fundraising event listed in Section J1?		Yes If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Cam Staples For Attorney General				Original 07/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

E. Personal Funds of the Candidate Received this Period
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Date Received	Amount	<div style="display: flex; justify-content: space-between;"> <div>Method of Payment</div> <div> <div style="display: flex; justify-content: space-around; width: 100%;"> Cash Personal Check Credit/Debit Card </div> </div> </div>
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Total of Section E	
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I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Cam Staples For Attorney General					Original 07/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 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	
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I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Cam Staples For Attorney General			Original 07/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Cam Staples For Attorney General				Original 07/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/18/2010 A	Cocktail Event	unknown	Bethany	CT	

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/26/2010 A	Cocktail Event	193 Whitney Ave	New Haven	CT	06511

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 04/11/2010 A	Home Fundraiser	127 Everit St	New Haven	CT	06515

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 04/18/2010 A	Home Fundraiser	14 Miller Rd	Bethany	CT	06524

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 04/25/2010 A	Dinner Event	1660 Barnum Ave	Bridgeport	CT	06610

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

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

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



II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

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

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Cam Staples For Attorney General				Original 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 Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Cam Staples For Attorney General						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
U.S. Postal Service					04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1009		
Brewery Street	New Haven	CT	06511	POST	<input type="checkbox"/> Debit Card		
Description					Event #		\$88.00
stamps							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cameron Staples					04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1010		
PO Box 207172	New Haven	CT	06520	POST	<input type="checkbox"/> Debit Card		
Description					Event #		\$90.00
reimburse postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Audrey Huntington					04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1008		
PO Box 200188	New Haven	CT	06520	POLLS	<input type="checkbox"/> Debit Card		
Description					Event #		\$20.00
reimburse election request copies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Katerina Rohner				Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$36.96
Street Address 61 Huntington St	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure POST	1012	
Description postage					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee Neubert, Pepe & Monteith, P.C.				Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$451.29
Street Address 195 Church St Fl 13	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure PRNT	1022	
Description Copy charges through 3/31					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee Cameron Staples				Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$444.49
Street Address PO Box 207172	City New Haven	State CT	Zip Code 06520	Purpose of Expenditure FNDR	1011	
Description reimburse fundraising event					Event # 03282010A	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
katherine Breslin					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1018</u>	
91 Elm St Apt 228C		Manchester	CT	06040	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
3/15 through 4/16 wages (5 weeks)							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$1,500.00							
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, INC					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1017</u>	
1225 Eye St NW Ste 1225		Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
website setup fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$2,400.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Cindy Rosarbo					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1021</u>	
190 Wooster St # 58		New Haven	CT	06511	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
3/29 through 4/9/10 (2 weeks)							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$150.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Audrey Huntington				Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 200188	City New Haven	State CT	Zip Code 06520	Purpose of Expenditure WAGE	<u>1019</u> <input type="checkbox"/> Debit Card	
Description 4/5 through 4/16 wages (2 weeks)					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	
						\$300.00
Name of Payee New Haven Lawn Club				Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 193 Whitney Ave	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure FOOD	<u>1013</u> <input type="checkbox"/> Debit Card	
Description fundraising event					Event # 03262010A	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	
						\$1,222.38
Name of Payee Rebecca Hodgen				Date of Payment 04/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 43 Walbridge Rd	City West Hartford	State CT	Zip Code 06119	Purpose of Expenditure WAGE	<u>1020</u> <input type="checkbox"/> Debit Card	
Description 4/5 through 4/16 wages (2 weeks)					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	
						\$600.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
The Advocate Press				04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1014</u>	
441 Chapel St	New Haven	CT	06511	PRNT	<input type="checkbox"/> Debit Card	
Description					Event #	
Walk Cards						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$1,054.70

Name of Payee					Date of Payment	Method of Payment	Amount
The Advocate Press					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1015</u>		
441 Chapel St	New Haven	CT	06511	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
campaign labels							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$583.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee				Date of Payment	Method of Payment	Amount
Connecticut Direct Mail				04/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1023</u>	
2 Toelles Rd	Wallingford	CT	06492	A-DM	<input type="checkbox"/> Debit Card	
Description					Event #	
mass mailing						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$425.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Rebecca Hodgen					Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$600.00
Street Address 43 Walbridge Rd	City West Hartford	State CT	Zip Code 06119	Purpose of Expenditure WAGE	1024		
Description 4/19 - 4/30 wages (2 weeks)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Rebecca Hodgen					Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$219.17
Street Address 43 Walbridge Rd	City West Hartford	State CT	Zip Code 06119	Purpose of Expenditure OFFICE	1030		
Description office supplies (routers and cables)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Cindy Rosarbo					Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$150.00
Street Address 190 Wooster St # 58	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure WAGE	1025		
Description 4/19 through 4/30 wages (2 weeks)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Katherine Breslin				04/30/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1029</u>	
91 Elm St Apt 228C	Manchester	CT	06040	OFFICE	<input type="checkbox"/> Debit Card	
Description					Event #	
office supplies						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$16.91

Name of Payee						Date of Payment	Method of Payment	Amount
Katherine Breslin						04/30/2010	<input checked="" type="checkbox"/> Check # <u>1026</u>	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
91 Elm St Apt 228C		Manchester	CT	06040	WAGE			
Description							Event #	
4/19 through 4/30 wages (2 weeks)								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$600.00								

Name of Payee						Date of Payment	Method of Payment	Amount
The Advocate Press						04/30/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1028</u>		
441 Chapel St		New Haven	CT	06511	OFFICE			
Description stationary							Event #	
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div></div> <div></div> </div>								
								\$731.40

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Audrey Huntington				Date of Payment 04/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1027	Amount \$300.00
Street Address PO Box 200188	City New Haven	State CT	Zip Code 06520	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Description 4/19 through 4/30 wages (2 weeks)					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	
Name of Payee Merchant Bank				Date of Payment 05/03/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount \$0.30
Street Address UNKNOWN	City Unknown	State CT	Zip Code	Purpose of Expenditure BNK		
Description direct donation deposit fee					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	
Name of Payee Merchant Bank				Date of Payment 05/03/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount \$0.50
Street Address UNKNOWN	City Unknown	State CT	Zip Code	Purpose of Expenditure BNK		
Description direct donation deposit fee					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Connecticut Direct Mail				05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1031</u>	
2 Toelles Rd	Wallingford	CT	06492	A-DM	<input type="checkbox"/> Debit Card	
Description					Event #	
direct mailing						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$445.00

Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Hodgen					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1032</u>		
43 Walbridge Rd	West Hartford	CT	06119	OFFICE	<input type="checkbox"/> Debit Card		
Description						Event #	
stamps; cables							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$134.62

Name of Payee					Date of Payment	Method of Payment	Amount									
AT&T					05/11/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card										
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1033</u>										
PO Box 598016		Orlando	FL	32859	OVHD											
Description						Event #										
telephone																
<table border="0"> <tr> <td>Is this expenditure coordinated with another candidate for which reimbursement is sought?</td> <td>Other Candidate(s) Name</td> <td>Office Sought</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought														
<input type="checkbox"/> Yes																
<input checked="" type="checkbox"/> No																
							\$891.06									

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Cindy Rosarbo					05/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1039</u>	
190 Wooster St # 58		New Haven	CT	06511	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
5/1 through 5/14 wages (2 weeks)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$150.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Katherine Breslin					05/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1037</u>	
93 Elm St Apt 228C		Manchester	CT	06040	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
5/1 through 5/14 wages (2 weeks)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$600.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Hodgen					05/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1038</u>	
43 Walbridge Rd		West Hartford	CT	06119	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
5/1 through 5/14 wages (2 weeks)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$600.00							

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Cam Staples For Attorney General							Original 07/12/2010
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jonathan Pelto					05/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1046</u>	
PO Box 400		Storrs	CT	06268	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	\$810.00
Database Development project							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cindy Rosarbo					05/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1045</u>	
190 Wooster St # 58		New Haven	CT	06511	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$150.00
missed week ending 4/9; week ending 5/21							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Hodgen					05/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1044</u>	
43 Walbridge Rd		West Hartford	CT	06119	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$300.00
final wages week ending 5/21/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Katherine Breslin				Date of Payment 05/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u>	Amount \$300.00
Street Address 91 Elm St Apt 228	City Manchester	State CT	Zip Code 06040	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Description final wages week ending 5/21/10					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee U.S. Postal Service				Date of Payment 06/01/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u>	Amount \$44.00
Street Address Brewery Street	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Description postage					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	
Name of Payee JMJ Services				Date of Payment 06/01/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u>	Amount \$650.00
Street Address 129 Church St	City New Haven	State CT	Zip Code 06510	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Description rent for June					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Bank					06/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
UNKNOWN		Unknown	CT		BNK		
Description						Event #	
direction donation deposit fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$0.50							

Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Bank					06/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
UNKNOWN		Unknown	CT		BNK		
Description						Event #	
direct donation deposit fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$0.79							

Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Bank					06/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
UNKNOWN		Unknown	CT		BNK		
Description						Event #	
direct donation deposit fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$24.50							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					06/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1049</u>	
PO Box 8110		Aurora	IL	60507	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
telephone service							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$1,383.85							
Name of Payee					Date of Payment	Method of Payment	Amount
Cindy Rosarbo					06/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1051</u>	
190 Wooster St # 58		New Haven	CT	06511	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
wages 2 weeks ending 6/4.2010							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Neubert, Pepe & Monteith, PC					06/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1050</u>	
195 Church St Fl 13		New Haven	CT	06510	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
cell phone, copy charges etc							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
\$1,133.34							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Cam Staples For Attorney General	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee The Advocate Press					Date of Payment 06/11/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$768.50
Street Address 441 Chapel St	City New Haven	State CT	Zip Code 06511	Purpose of Expenditure PRNT	1052 <input type="checkbox"/> Debit Card		
Description note cards					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Neubert, Pepe & Monteith					Date of Payment 06/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$418.67
Street Address 195 Church St	City New Haven	State CT	Zip Code 06510	Purpose of Expenditure OVHD	1056 <input type="checkbox"/> Debit Card		
Description cell phone charges					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Communication Strategies					Date of Payment 06/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$1,125.00
Street Address 28 Rundelane	City Bloomfield	State CT	Zip Code	Purpose of Expenditure POLLS	1053 <input type="checkbox"/> Debit Card		
Description two summary reports and briefing (public opinion)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Cam Staples For Attorney General						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Frank Mongillo, Jr					06/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1054	<input type="checkbox"/> Debit Card	
12 Oliver Rd	New Haven	CT	06515	REF			
Description					Event #		
refund contribution for lack of form							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$100.00
Name of Payee					Date of Payment	Method of Payment	Amount
Wendy Mongillo					06/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1055	<input type="checkbox"/> Debit Card	
12 Oliver Rd	New Haven	CT	06515	REF			
Description					Event #		
refund contribution for lack of form							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$100.00
Total of Section N						\$24,913.80	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Cam Staples For Attorney General						Original 07/12/2010		
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment		Is Reimbursement Claimed? Yes No	Amount
Street Address			City		State	Zip Code		
Purpose of Expenditure	Description					Event #		
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE					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 American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
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 #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div>						
<div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE		
Cam Staples For Attornev General				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			
Street Address		City	State	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Other Candidate(s) Name		Office Sought	
Total of Section R						

IV. EXPENDITURES

IV. EXPENDITURES				
NAME OF COMMITTEE			FILING DUE DATE	
Cam Staples For Attorney General			Original 07/12/2010	
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient			Original Purchase Amount of Item	
Street Address	City	State		Zip Code
Description				
Total of Section S				