SEEC FORM 30

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



Electronic Filing

Page 1 of 113

SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYPI	E OF COMMITTEE		
								Candidate Committee		
Farrell For CT								Exploratory Committee		
3. TREASURER NAME										
Title	First			MI	Last			Suffix		
	Christine				Grochowski					
4. TREASURER ADDRESS										
Street Address			City	ngford		State CT		Zip Code		
7 Taylor Ln			Wallii	igiora				6492		
5. ELECTION DATE			6. C	FFICE SOUG	HT (if applicable)		7. DISTRI	CT CODE (if applicable)		
11/02/2010		Secretary of the Sta	ite							
8. CANDIDATE NAME										
Title	First Jerry			MI	Last Farrell			Suffix Jr		
9. TYPE OF REPORT										
July 10 Filing - Origina										
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		Degining Date			Ending Date					
		04/01/2010	thru	ı	06/30/2010					
			11. CER	TIFICATION						
		•		•	of the information set forth period covered is true,					
accurate and o	complete.									
Electronic Filing		Christine Grochow	/ski		07/12	2/2010				
SIGNATURE		PRINT NAME OF THE	E SIGNE	ER	DATE	CERTIFIED				
	PENA	ALTY FOR FALSE STATE	MENT I	S PUNISHAB	LE BY FINE NOT TO EXCEED					
	\$1,0	00, OR IMPRISONMENT	FOR N	OT MORE TH	IAN ONE YEAR, OR BOTH.					

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Farrell For CT	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	\$25,774.65	
14. Contributions received from Individuals (Section A and B)	\$21,055.00	\$61,630.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$21,055.00	\$61,630.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$46,829.65	\$61,630.00
20. Expenses Paid by Committee (Section N)	\$22,770.10	\$37,570.45
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$24,059.55	\$24,059.55
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)	\$430.36	\$5,224.33
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$2,888.14	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$3,546.73	

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
A. Total Contributions from	n Small (Contribu	tors-Received th	is Perio	d ONLA	7				
(See instructions for definition of Small		2011111111	itors received in	15 1 0110		total Section A	\$0.00			
		B. It	emized Contribution	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	ion ID#	Amount of
DIORIO	CHRISTO	PHER			Cash Money	=	al Check Debit Card	0511		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received	I	
20 Brookvale Dr		Wallingfo	ord		СТ	06492	C	04/01/201	0	
Principal Occupation		Name of Er	* *			Is this contribution ass fundraising event liste		_	Yes	
POLITICAL		LINDA M	ICMAHON FOR SENAT	ΓE		If yes, list Event #	d in Section	··· <u></u>	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t. spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	byist?	7,991	-	\$50.00	\$50.00
government the contract is with:	. ⊔	Executive	Legislative	1	res X	No				
Last Name	First Name			MI		contribution:	1.61 1	Contributi	ion ID#	Amount of
SCHULMAN	KENNETH			В	Cash Money	= =	al Check Debit Card	0508		Contribution
Residential Street Address	!	City			State	Zip Code	Г	Date Received	l	1
24 Fox Run LA		Greenwic	ch		CT	06831	C	04/01/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution ass	sociated with	a [Yes	†
BUSINESS		MAFCOT	Е			fundraising event liste If yes, list Event #	d in Section	J1?	No	
- "				1						+
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contrib		\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	No		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	ion ID#	Amount of
REED	ALAN			Е	Cash	=	al Check	0509		Contribution
		ı					Debit Card			-
Residential Street Address 4 Reskin Dr		City Wallingfo	ard		State	Zip Code 06492		Date Received 04/01/201		
Principal Occupation					<u> </u>	Is this contribution ass				†
RETIRED		Name of Er	прюуег			fundraising event liste		J1?	Yes No	
						If yes, list Event #			No No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 ⁻	child of a lob	*			\$50.00	\$50.00
Last Name	First Name			MI		contribution:	1.01	Contributi	ion ID#	Amount of
DOSTIE	HERMAN				Cash Money	=	al Check Debit Card	0510		Contribution
Residential Street Address		City			State	Zip Code		Date Received	l	
23 Mulligan Dr		Wallingfo	ord		СТ	06492	C	04/01/201	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution ass	sociated with	а	Yes	Ì
SEMI-RETIRED		N/A				fundraising event liste If yes, list Event #	d in Section	J1?	No	
		<u> </u>		1			-			}
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contrib		#100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	-		\$	100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FII	LING DUE DATE		
Farrell For CT							Or	iginal 07/12/2010		
		B. Itemized Contributi	ions from	Individu	ıals					
Last Name WEBER III	First Name ROBERT		MI J	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 0	Contribution ID	# Amount of Contribution		
Residential Street Address 7 Kish Pl		City Wallingford		State CT	Zip Code 06492		Received 01/2010			
Principal Occupation ATTORNEY		Name of Employer CELLA, FLANAGAN & WEBER	PC	•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00		
Last Name EATON	First Name SHARON		MI N	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck C	Contribution ID	# Amount of Contribution		
Residential Street Address 6 Paddock La		City Guilford		State CT	Zip Code 06437		Received 02/2010			
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate	e Contributions \$50.0	\$50.00		
Last Name SULLIVAN	First Name ROBERT		MI M	Cash	contribution: X Personal Character Credit/Debit	neck 0	Contribution ID	# Amount of Contribution		
Residential Street Address 46 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492		Received 02/2010			
Principal Occupation INSURANCE		Name of Employer HAIG		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00		
Last Name BIRNEY	First Name WILLIAM		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	# Amount of Contribution		
Residential Street Address 49 Windmill Hill Rd		City Branford		State CT	Zip Code 06405		Received 03/2010			
Principal Occupation INVESTIGATOR		Name of Employer STATE OF CT			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT							Origii	nal 07/12/2010		
		B. Itemized Contributi	ons from	Individu	ıals		•			
Last Name KOVACS	First Name B		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 05	ntribution ID #	Amount of Contribution		
Residential Street Address 470 S Main St		City Wallingford		State CT	Zip Code 06492	Date Re 04/05				
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate C	contributions \$100.00	\$100.00		
Last Name RAGUIN	First Name VIRGINIA		MI C	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 05	ntribution ID #	Amount of Contribution		
Residential Street Address 280 Boston Ave		City Medford		State MA	Zip Code 02155-5225	Date Re 04/06				
Principal Occupation		Name of Employer COLLEGE OF HOLY CROSS		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate C	Contributions \$100.00	\$100.00		
Last Name GRYGA, JR	First Name EDWARD		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 05	ntribution ID #	Amount of Contribution		
Residential Street Address 198 N Cherry St		City Wallingford		State CT	Zip Code 06492-2307	Date Re 04/06				
Principal Occupation RETIRED		Name of Employer N/A		-	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	contributions \$50.00	\$50.00		
Last Name VITALI	First Name TOM		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 05	ntribution ID #	Amount of Contribution		
Residential Street Address 653 N Elm St		City Wallingford		State CT	Zip Code 06492	Date Re 04/06				
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$25.00	\$25.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT							Origii	nal 07/12/2010		
		B. Itemized Contributi	ions from	ı Individu	ıals					
Last Name MAURICE	First Name HOLLY		MI M	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 05	ntribution ID #	Amount of Contribution		
Residential Street Address 16 Oak Hill Rd		City Rocky Hill		State CT	Zip Code 06067	Date Re	eceived 7/2010			
Principal Occupation		Name of Employer STATE OF CT		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$10.00	\$10.00		
Last Name MAURICE	First Name BERNICE		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 05	ntribution ID#	Amount of Contribution		
Residential Street Address 16 Oak Hill Rd		City Rocky Hill		State CT	Zip Code 06067-2611	Date Re 04/07	eceived 7/2010			
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$20.00	\$20.00		
Last Name GOOLEY	First Name		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 05	ntribution ID #	Amount of Contribution		
Residential Street Address 6 Pierson Dr		City West Haven		State CT	Zip Code 06516	Date Re 04/07				
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00		
Last Name CINGARI	First Name SALVATO	RE	MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 05	ntribution ID #	Amount of Contribution		
Residential Street Address 27 Briarwood Ln		City Stamford		State CT	Zip Code 06903-4502	Date Re	eceived 7/2010			
Principal Occupation CORPORATE OFFICER		Name of Employer GRADE A MARKET			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00		

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name CONNELL	First Name MICHAEL		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 051	ribution ID #	Amount of Contribution
Residential Street Address 5 Rolling Meadow Dr		City Wallingford		State CT	Zip Code 06492	Date Reco		
Principal Occupation BANKER		Name of Employer SELECT BROKERAGE SERVICE	CES	•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name CORKIN	First Name NATALIE		MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 051	ribution ID #	Amount of Contribution
Residential Street Address 92 Lydale Pl		City Meriden		State CT	Zip Code 06450	Date Rec 04/10/		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ntributions \$50.00	\$50.00
Last Name VITALI	First Name SUSAN		MI	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	eck 054	ribution ID #	Amount of Contribution
Residential Street Address 656 N Elm St		City Wallingford		State CT	Zip Code 06492	Date Rec 04/11/		
Principal Occupation PRESIDENT		Name of Employer TUXIS-OHRS FUEL			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name KOWALSKI	First Name BARBARA	\	MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	eck 052	ribution ID #	Amount of Contribution
Residential Street Address 310 Harrison St		City Wallingford		State CT	Zip Code 06492	Date Rec 04/12/		
Principal Occupation OWNER		Name of Employer KOWALSKI REALTORS			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ntributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILI	NG DUE DATE		
Farrell For CT							Orig	inal 07/12/2010		
		B. Itemized Contributi	ions fron	Individu	ıals					
Last Name LANDINO	First Name GIOVANN	ı	MI	Cash	contribution: X Personal Character Credit/Debi	neck 05	ontribution ID #	Amount of Contribution		
Residential Street Address 869 N Farms Rd		City Wallingford		State CT	Zip Code 06492		teceived 2/2010			
Principal Occupation OWNER		Name of Employer ROSA'S DELI			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00		
Last Name YUSZA, JR	First Name JOHN		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	neck 07	ontribution ID #	Amount of Contribution		
Residential Street Address 251 N Airline Rd		City Wallingford		State CT	Zip Code 06492		teceived 2/2010			
Principal Occupation OWNER		Name of Employer MONITOR CONTROLS, INC			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00		
Last Name RONDINA	First Name RAYMONE)	MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 05	ontribution ID #	Amount of Contribution		
Residential Street Address 1 Lincoln Dr		City Wallingford		State CT	Zip Code 06492		deceived 3/2010			
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$25.00	\$25.00		
Last Name RASCATI	First Name SALVATO	RE	MI A	Cash	contribution: Personal Cl / Order X Credit/Debi	neck 05	ontribution ID#	Amount of Contribution		
Residential Street Address 482 N Main St		City Wallingford		State CT	Zip Code 06492		teceived 5/2010			
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT							Origin	nal 07/12/2010		
		B. Itemized Contribut	ions from	ı Individu	ıals					
Last Name COURCEY	First Name		MI	Cash	contribution: Personal Ch v Order X Credit/Debi	neck 0539	ution ID#	Amount of Contribution		
Residential Street Address 369 N Main St		City Wallingford		State CT	Zip Code 06492	Date Receive 04/15/20				
Principal Occupation EXEC. DIRECTOR OF DEVELOPMENT		Name of Employer CHOATE ROSEMARY	_	•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$50.00	\$50.00		
Last Name BOBROSKE	First Name BEVERLY		MI R	Cash	contribution: X Personal Ch / Order Credit/Debi	neck 0524	ution ID#	Amount of Contribution		
Residential Street Address 40 Everett St		City Bristol		State CT	Zip Code 06010	Date Receive 04/16/20				
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate Cont	ributions \$25.00	\$25.00		
Last Name SUROWIECKI	First Name BENJAMIN	N	MI M	Cash	contribution: X Personal Character Credit/Debi	neck 0525	ution ID#	Amount of Contribution		
Residential Street Address 303 Beacon Hill Dr		City Cheshire		State CT	Zip Code 06410-1702	Date Receiv				
Principal Occupation ENGINEER		Name of Employer HENKEL CORP			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$50.00	\$50.00		
Last Name ZAMLOWSKI	First Name ROBERT		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	neck 0533	ution ID#	Amount of Contribution		
Residential Street Address 1215 Yale Ave		City Wallingford		State CT	Zip Code 06492-1720	Date Receive 04/19/20				
Principal Occupation LAWYER		Name of Employer STATE OF CT			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$25.00	\$25.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Farrell For CT							Origin	al 07/12/2010		
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name KUCHLE	First Name GEORGE		MI P	Cash	contribution: X Personal Cl	heck 068	ribution ID #	Amount of Contribution		
Residential Street Address 202 High Hill Rd		City Wallingford		State CT	Zip Code 06492	Date Reco				
Principal Occupation OWNER		Name of Employer TRIPLE SPRINGS			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00		
Last Name LEE	First Name GAIL		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 052	ribution ID #	Amount of Contribution		
Residential Street Address 23 Tuxis Rd		City Madison		State CT	Zip Code 06443	Date Reco				
Principal Occupation SALES		Name of Employer CT PARENT MAGAZINE		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ntributions \$100.00	\$100.00		
Last Name LEE	First Name TIMOTHY		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 052	ribution ID #	Amount of Contribution		
Residential Street Address 23 Tuxis Rd		City Madison		State CT	Zip Code 06443	Date Reco				
Principal Occupation ATTORNEY		Name of Employer FASANO, IPPOLITO & LEE		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ntributions \$100.00	\$100.00		
Last Name FASANO	First Name JILL		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 052	ribution ID #	Amount of Contribution		
Residential Street Address 7 Sycamore La		City North Haven		State CT	Zip Code 06473	Date Reco				
Principal Occupation HOMEMAKER		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ntributions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FIL	ING DUE DATE		
Farrell For CT							Ori	ginal 07/12/2010		
		B. Itemized Contributi	ons fron	ı Individu	ıals					
Last Name FASANO	First Name LEONARD		MI A	Cash	contribution: X Personal Cl	neck 0	ontribution ID #	Amount of Contribution		
Residential Street Address 7 Sycamore La		City North Haven		State CT	Zip Code 06473		Received 20/2010			
Principal Occupation STATE SENATOR		Name of Employer STATE OF CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.0	0 \$100.00		
Last Name IPPOLITO	First Name MARGARE	et .	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution		
Residential Street Address 6 Indian Woods Rd		City Branford		State CT	Zip Code 06406		Received 20/2010			
Principal Occupation PHYSICAL THERAPIST		Name of Employer WEST HAVEN VA HOSPITAL			Is this contribution associa fundraising event listed in If yes, list Event #		Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.0	0 \$100.00		
Last Name IPPOLITO	First Name ALPHONS	E	MI	Cash	contribution: X Personal Cl	neck 0	ontribution ID #	Amount of Contribution		
Residential Street Address 6 Indian Woods Rd		City Branford		State CT	Zip Code 06405		Received 20/2010			
Principal Occupation ATTORNEY		Name of Employer SELF			Is this contribution associa fundraising event listed in If yes, list Event #		Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.0	0 \$100.00		
Last Name CEI, JR	First Name JOHN		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution		
Residential Street Address 15 Blossom La		City Wallingford		State CT	Zip Code 06492-5334		Received 23/2010			
Principal Occupation		Name of Employer ULBRICH			Is this contribution associa fundraising event listed in If yes, list Event #		Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.0	0 \$100.00		

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	LING DUE D	ATE
Farrell For CT							Or	riginal 07/12	/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name IANNIELLO	First Name WILLIAM		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck C	Contribution ID	1 751	nount of ntribution
Residential Street Address 54 Country Hill Rd		City Hamden		State CT	Zip Code 06514		Received 23/2010		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associal fundraising event listed in S If yes, list Event #		Ye X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$50.		\$50.00
Last Name PIZZUTI	First Name KATHLEEI	V	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	All	nount of ntribution
Residential Street Address 83 Summerhill		City Wallingford		State CT	Zip Code 06492		Received 25/2010		
Principal Occupation POLICE DEPT CLERK		Name of Employer TOWN OF WALLINGFORD			Is this contribution associate fundraising event listed in State of the If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.		\$100.00
Last Name NAPPI	First Name KENNETH		MI F	Cash	contribution: X Personal Character Credit/Debit	neck C	Contribution ID	1 751	nount of ntribution
Residential Street Address 42 Perch Rd		City Shelton		State CT	Zip Code 06484-1824		Received 26/2010		
Principal Occupation MANAGER		Name of Employer STATE OF CT			Is this contribution associate fundraising event listed in State If yes, list Event #		Ye X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$50.		\$50.00
Last Name ECONOMOPOULOS	First Name NICHOLA	5	MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck C	Contribution ID	1 751	nount of ntribution
Residential Street Address 3 Woodman's Hill Rd		City Wallingford		State CT	Zip Code 06492		Received 27/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Ye X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$25.		\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals		•	
Last Name HOULIHAN, JR	First Name JOHN		MI J	Cash	contribution: Personal Cl	heck 0541	oution ID #	Amount of Contribution
Residential Street Address 40 Mohawk Dr		City West Hartford		State CT	Zip Code 06117	Date Recei		
Principal Occupation ATTORNEY		Name of Employer RISCASSI AND DAVIS, PC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name BIRNEY	First Name RANDY		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	heck 0808	oution ID#	Amount of Contribution
Residential Street Address 7 Bristol La		City Andover		State MA	Zip Code 01810	Date Recei 04/29/2		
Principal Occupation Name of Employer					Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name BIRNEY	First Name PATRICK		MI M	Cash	contribution: X Personal Cl	heck 0661	oution ID #	Amount of Contribution
Residential Street Address 6 Fairview Ave		City Wallingford		State CT	Zip Code 06492-4624	Date Recei 04/30/2		
Principal Occupation ATTY		Name of Employer ROBINSON & COLE LLP			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name PARENT	First Name DAVID		MI G	Cash	contribution: X Personal Cl / Order Credit/Debi	heck 0548	oution ID#	Amount of Contribution
Residential Street Address 421 S Elm St		City Wallingford		State CT	Zip Code 06492	Date Recei 05/01/2		
Principal Occupation ATTORNEY		Name of Employer PARENT & PARENT LLD			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	\$25.00	\$25.00

		I. MONETARY RI	ECEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name PASSARIELLO	First Name MURIEL		MI R	Cash	contribution: X Personal Cl y Order	heck 0546	ution ID#	Amount of Contribution
Residential Street Address 2 Stella Dr		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/02/20		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$50.00	\$50.00
Last Name BERNER	First Name BREE		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0601	ution ID#	Amount of Contribution
Residential Street Address 240 Spring Street Ext		City Glastonbury		State CT	Zip Code	Date Receiv 05/02/20		
Principal Occupation Name of Employer				•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name SMITH	First Name LEONARD)	MI W	Cash	contribution: X Personal Cl	heck 0585	ution ID#	Amount of Contribution
Residential Street Address 8 Beverly Rd		City New Haven		State CT	Zip Code 06515	Date Receiv 05/02/20		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	\$25.00	\$25.00
Last Name SPADACCINI	First Name KESHET		MI R	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0544	ution ID#	Amount of Contribution
Residential Street Address 102 Wetherell St Unit 2		City Manchester		State CT	Zip Code 06040	Date Receiv 05/03/20		
Principal Occupation ATTORNEY		Name of Employer BLACKWELL,DAVIS & SPAD LLC	ACCINI,	•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J12	Yes	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyist child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Farrell For CT							С	Origina	1 07/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		<u> </u>		
Last Name SPADACCINI	First Name LOUIS		MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 102 Wetherell St Unit 2		City Manchester		State CT	Zip Code 06040		e Received /03/2010		
Principal Occupation ATTORNEY		Name of Employer BLACKWELL, DAVIS & SPADA	ACCINI,	•	Is this contribution associal fundraising event listed in S If yes, list Event #			res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00
Last Name WILLIAMS	First Name JIM		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 517 Pilgrim's Hbr		City Wallingford		State CT	Zip Code 06492		e Received /03/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second second in the second sec		? X N	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution \$50	ns).00	\$50.00
Last Name BIRNEY	First Name JON		MI	Cash	contribution: X Personal Character Credit/Debit	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 175 Cook Hill Rd		City Wallingford		State CT	Zip Code 06492-3408		e Received /03/2010		
Principal Occupation DIRECTOR/CAMPUS DINING		Name of Employer WATKINSON SCHOOL			Is this contribution associate fundraising event listed in the second of the second second in the second sec			res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ste Contribution		\$100.00
Last Name IMPERATO	First Name MARGARE	ΞΤ	MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 22 Dover Rd		City North Haven		State CT	Zip Code 06473		e Received /03/2010		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associal fundraising event listed in S If yes, list Event #		?	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contributi	ions from	Individu	ıals			
Last Name IMPERATO	First Name GEORGE		MI	Cash	contribution: X Personal Cl	heck 0705	ution ID #	Amount of Contribution
Residential Street Address 22 Dover Rd		City North Haven		State CT	Zip Code 06473	Date Receiv 05/03/20		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Conti	sibutions \$100.00	\$100.00
Last Name SMITH	First Name ELIZABET	н	MI M	Cash	contribution: X Personal Cl / Order Credit/Debi	heck 0786	ution ID#	Amount of Contribution
Residential Street Address 28 Tanglewood Rd		City West Hartford		State CT	Zip Code 06117	Date Receiv 05/04/20		
Principal Occupation Name of Employer ROBINSON & COLE LLP				•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	sibutions \$100.00	\$100.00
Last Name BIRNEY	First Name SHELLEY		MI	Cash	contribution: X Personal Cl	heck 0787	ution ID#	Amount of Contribution
Residential Street Address 49 Windmill Hill Rd		City Branford		State CT	Zip Code 06405	Date Receiv 05/05/20		
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Conti	sibutions \$100.00	\$100.00
Last Name SIMMONS	First Name ROBERT		MI R	Cash	contribution: X Personal Cl	heck 0547	ution ID#	Amount of Contribution
Residential Street Address 268 N Main St		City Stonington		State CT	Zip Code 06378-0268	Date Receiv 05/06/20		
Principal Occupation PUBLIC OFFICIAL		Name of Employer UNEMPLOYED	_	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Conti	sibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	nal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name TAYLOR	First Name MARY ANI	D SCOTT	MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0559	ution ID#	Amount of Contribution
Residential Street Address 20 Holly La		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/06/20		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$25.00	\$25.00
Last Name BENIGNI	First Name HARRY		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 0540	ution ID#	Amount of Contribution
Residential Street Address 51 Shetland Dr		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/06/20		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$50.00	\$50.00
Last Name MCDERMOTT	First Name MICHAEL		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 0563	ution ID#	Amount of Contribution
Residential Street Address 359 N Elm St		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/07/20		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associat fundraising event listed in S If yes, list Event #	Section 112	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$25.00	\$25.00
Last Name CANDELORA	First Name ANTHONY	(MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0602	ution ID#	Amount of Contribution
Residential Street Address 10 Briarwood Dr		City North Branford		State CT	Zip Code	Date Receiv 05/07/20		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	nal 07/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name MUSHINSKY	First Name GEORGE		MI	Cash	contribution: X Personal Cl y Order	neck 059	tribution ID #	Amount of Contribution
Residential Street Address 445 S Main St		City Wallingford		State CT	Zip Code 06492-4640	Date Rec 05/07/		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name CARBONE	First Name MICHAEL		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 059	tribution ID#	Amount of Contribution
Residential Street Address 168 E Main St		City Wallingford		State CT	Zip Code 06492	Date Rec 05/07/		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$50.00	\$50.00
Last Name BAPTIST, JR	First Name FRED		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 058	tribution ID #	Amount of Contribution
Residential Street Address 10 Hosford St		City Wallingford		State CT	Zip Code 06492-2317	Date Rec 05/08/		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$10.00	\$10.00
Last Name CAPPELLONI	First Name FRANK		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 058	tribution ID#	Amount of Contribution
Residential Street Address 122 Allison Way		City East Haven		State CT	Zip Code 06512	Date Rec 05/08/		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggregate Co	ontributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name HEFT	First Name GERTUDE	:	MI M	Cash	contribution: X Personal Cl	heck 0560	ibution ID#	Amount of Contribution
Residential Street Address 19 Ridgewood Cir		City Wallingford		State CT	Zip Code 06492	Date Rece 05/08/2		
Principal Occupation TEACHER'S ASSISTANT		Name of Employer HOLY TRINITY SCHOOL			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	s5.00	\$5.00
Last Name RACKIE	First Name ANTHONY	′	MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 056:	ibution ID #	Amount of Contribution
Residential Street Address 82 Seiter Hill Rd		City Wallingford		State CT	Zip Code 06492	Date Rece 05/08/2		
Principal Occupation Name of Employer RETIRED N/A				•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$15.00	\$15.00
Last Name GULINO	First Name BIAGIO		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0564	ibution ID #	Amount of Contribution
Residential Street Address 340 E Main St		City Wallingford		State CT	Zip Code 06492-2553	Date Rece 05/08/2		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name DALLE AVE	First Name PROVIDE	NZIA	MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 056!	ibution ID#	Amount of Contribution
Residential Street Address 68 N Elm St		City Wallingford		State CT	Zip Code 06492	Date Rece 05/08/2		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor a state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name BEECHER	First Name BARBARA	1	MI A	Cash	contribution: X Personal Cl	neck 0566	oution ID#	Amount of Contribution
Residential Street Address 65 Seiter Hill Rd		City Wallingford		State CT	Zip Code 06492-3257	Date Receive 05/08/20		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$40.00	\$40.00
Last Name ZORDAN	First Name GERALD		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	neck 0562	oution ID#	Amount of Contribution
Residential Street Address 232 Klug Hill Rd		City Torrington		State CT	Zip Code 06790	Date Receive 05/08/20		
Principal Occupation PRESIDENT		Name of Employer BORGESON UNIVERSAL CO		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name ANGLACE, JR	First Name JOHN		MI F	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0588	oution ID#	Amount of Contribution
Residential Street Address 676 Long Hill Ave		City Shelton		State CT	Zip Code 06484	Date Receiv		
Principal Occupation		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name CURTIS, JR	First Name ERIC		MI F	Cash	contribution: X Personal Cl	neck 0592	oution ID#	Amount of Contribution
Residential Street Address 1649 Shepard Ave		City Hamden		State CT	Zip Code 06518	Date Receiv		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	NG DUE DATE
Farrell For CT							Orig	ginal 07/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name DEROY	First Name WILLIAM		MI F	Cash	contribution: X Personal Cl	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 61 Colonial Hill Dr		City Wallingford		State CT	Zip Code 06492		Received 08/2010	
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name LOLATTE	First Name RICHARD		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 81 Fenwood Dr		City Old Saybrook		State CT	Zip Code 06475-3031		Received 09/2010	
Principal Occupation DEAN OF ADMISSIONS	1 1				Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Aggregate Cont			Contributions \$100.00	\$100.00
Last Name MCNAMARA	First Name JULIA		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 81 Fenwood Rd		City Old Saybrook		State CT	Zip Code 06475		Received 09/2010	
Principal Occupation HIGHER EDUCATION ADMINISTRATOR		Name of Employer ALBERTUS MAGNUS COLLEG	E	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	\$100.00	\$100.00
Last Name RAGONESI	First Name BARBARA		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 38 Laurel Vw PLA		City Wallingford		State CT	Zip Code 06492-2369		Received 09/2010	
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$5.00	\$5.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	NG DUE DATE
Farrell For CT							Orig	ginal 07/12/2010
		B. Itemized Contribution	ons from	Individu	ıals			
Last Name BIRNEY	First Name PAIGE		MI M	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 238 S Main St		City Wallingford		State CT	Zip Code 06492		Received 9/2010	
Principal Occupation PHYSICIAN'S ASST		Name of Employer ST VINCENT'S MED CTR			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name MASTROGIOVANNI	First Name WILLIAM		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0!	ontribution ID #	Amount of Contribution
Residential Street Address 3 Serra Dr		City Unionville		State CT	Zip Code 06085		Received 9/2010	
Principal Occupation ATTORNEY		Name of Employer SCULLY, NICKSA & REEVE		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$20.00	\$20.00
Last Name BANDECCHI	First Name EVELYN		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0!	ontribution ID #	Amount of Contribution
Residential Street Address 25 Laurelwood Dr		City Wallingford		State CT	Zip Code 06492		Received 9/2010	
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name FRITZ	First Name ROBERT		MI K	Cash	contribution: X Personal Character Credit/Debi	neck 0!	ontribution ID #	Amount of Contribution
Residential Street Address 3 Collin Ct		City Wallingford		State CT	Zip Code 06492-2074		Received 9/2010	
Principal Occupation BUSINESS OWNER		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$50.00	\$50.00

		I. MON	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. Itemize	ed Contribution	ons from	Individu	ıals				
Last Name BROPHY	First Name VERA			MI F	Cash	contribution: X Personal of Credit/Dec		Contribution 0595	on ID#	Amount of Contribution
Residential Street Address 131 S Elm St		City Wallingford			State CT	Zip Code 06492		ate Received		
Principal Occupation RETIRED		Name of Employer				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	itions \$10.00	\$10.00
Last Name SOCHA	First Name JANE			MI B	Cash	contribution: X Personal y Order Credit/De		Contribution 0596	on ID#	Amount of Contribution
Residential Street Address 14 Laurel Dr		City Wallingford			State CT	Zip Code 06492		ate Received		
Principal Occupation Name of Employer RETIRED N/A					•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	itions \$25.00	\$25.00
Last Name PAWLICH	First Name JEAN			MI L	Cash	contribution: X Personal of Credit/De		Contributio	on ID#	Amount of Contribution
Residential Street Address 80 Seiter Hill Rd		City Wallingford			State CT	Zip Code 06492-3242		eate Received		
Principal Occupation MANAGER		Name of Employer YALE/NEW HA	VEN HOSPITAL			Is this contribution assoc fundraising event listed i If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		es X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	itions \$25.00	\$25.00
Last Name APUZZO	First Name FRANK			MI P	Cash	contribution: X Personal of the Credit/December 2 Credit/December		Contribution 0598	on ID #	Amount of Contribution
Residential Street Address 22 Deme Rd		City Wallingford			State CT	Zip Code 06492		ate Received 5/10/2010		
Principal Occupation		Name of Employer				Is this contribution assoc fundraising event listed i If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu \$1	ntions	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. It	emized Contributi	ions from	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
CLARKE	LAURA			W	Cash Money	y Order X Personal C		0599		Contribution
Residential Street Address	•	City			State	Zip Code	Г	ate Received		
140 Davis St		Hamden			СТ	06517-3521	0	5/10/2010)	
Principal Occupation ARTS ADVOCATE		Name of Er	nployer		•	Is this contribution associ fundraising event listed in		J1?	Yes	
ARTS ADVOCATE		JEE				If yes, list Event #		X	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I	res x	*		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	<u>'</u>	Contributio	n ID#	Amount of
NUNN	RICHARD			А	Cash Money	y Order X Personal C		0600		Contribution
Residential Street Address		City		-	State	Zip Code	Е	ate Received		
45 Montowese Trl		Wallingfo	rd		СТ	06492	0	5/10/2010)	
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in		J1?	Yes	
RETIRED		N/A				If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	tions	ĺ
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	child of a lob	-		\$	25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	<u>'</u>	Contributio	n ID#	Amount of
JONES	RONALD			D	Cash Money	y Order X Personal C		0603		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
27 Windcrest La		Lakeville			СТ	06039-1942	0	5/10/2010)	
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in		J1?	Yes	
RETIRED		IN/A				If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	child of a lob	-		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
PIMENTEL	MARY LEE	•			Cash Money	y Order X Personal C		0607		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
582 N Main St		Wallingfo	rd		СТ	06492-3213	0	5/10/2010)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	byist?	-55.	-	25.00	\$25.00
government the contract is with:	Ц	Executive	Legislative	Y	res X	No	1			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
BERTINI	LORRAINI			М	Cash Money	y Order X Personal Credit/De		0608		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
14 Huelsted La		Wallingfo	rd		СТ	06492	0	5/10/2010)	
Principal Occupation RETIRED		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu \$	itions \$25.00	\$25.00
government the contract is with:	I Firmt Manna	Executive	Legislative	+ -				1		
Last Name TYRRELL	First Name ROBERT			MI W	Cash	contribution: X Personal (y Order Credit/De		Contribution 0609	on ID #	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
20 Shetland Dr		Wallingfo	rd		СТ	06492	0	5/10/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
RETIRED		N/A				fundraising event listed is If yes, list Event #	n section.	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$	itions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
BERNARDONI	DOLORES				Cash Money	y Order Personal Credit/De		0586		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
65B Masonic Ave Apt 132		Wallingfo	rd		СТ	06492	0	5/10/2010)	
Principal Occupation		Name of En	mployer			Is this contribution assoc fundraising event listed in		J1?	_	
RETIRED		I N/A				If yes, list Event#		<u>x</u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob		Aggre	gate Contribu	itions	\$25.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No				,
Last Name	First Name			MI		contribution:	a	Contributio	on ID#	Amount of
ADAMO	DOLORES	i		М	Cash Money	y Order Personal Credit/De		0589		Contribution
Residential Street Address		City			State	Zip Code	1	ate Received	_	
1068 Old Rock Hill Rd		Wallingfo	rd		СТ	06492		5/10/2010) 	
Principal Occupation RETIRED		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		_{J1?} 🗀	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	itions \$25.00	\$25.00
government the contract is with:		Executive	Legislative	L 1	res X	No				

		I. MONETARY RI	ECEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name HARLOW	First Name JOHN		MI A	Cash	contribution: X Personal Cl	heck 0590	ution ID#	Amount of Contribution
Residential Street Address 8 Pine Glen Ter		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/10/20		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	\$30.00	\$30.00
Last Name PETLAK	First Name JACQUELI	INE	MI C	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0570	ution ID#	Amount of Contribution
Residential Street Address 3 Lincoln Dr		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/10/20		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$25.00	\$25.00
Last Name BASARAB	First Name HELEN		MI	Cash	contribution: X Personal Cl	heck 0584	ution ID#	Amount of Contribution
Residential Street Address 43 Brookview Ave		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/10/20		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$10.00	\$10.00
Last Name COYLE	First Name MATTHEW	V	MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0658	ution ID#	Amount of Contribution
Residential Street Address 62 Seiter Hill Rd		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/10/20		
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Farrell For CT							Ori	iginal 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name EYLWARD	First Name LORRAINI	E	MI C	Cash	contribution: X Personal Character Credit/Debi	neck 0	Contribution ID :	# Amount of Contribution
Residential Street Address 16 Woodland Dr		City Wallingford		State CT	Zip Code 06492		Received 10/2010	
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$15.0	\$15.00
Last Name PALMER	First Name JAMES		MI B	Cash	contribution: X Personal Cl / Order Credit/Debi	neck C	Contribution ID	# Amount of Contribution
Residential Street Address 90 Country La		City South Glastonbury		State CT	Zip Code 06073		Received 10/2010	
Principal Occupation FLEET MANAGEMENT		Name of Employer STATE OF CT		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$50.0	\$50.00
Last Name PROTO	First Name PAUL		MI E	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID :	# Amount of Contribution
Residential Street Address 51 Bayberry Dr		City Wallingford		State CT	Zip Code 06492-4713		Received 10/2010	
Principal Occupation ATTORNEY		Name of Employer SACHS & PROTO LLC			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name WIRTALLA	First Name ELLEN & F	RALPH	MI	Cash	contribution: X Personal Cl / Order Credit/Debi	neck C	Contribution ID	# Amount of Contribution
Residential Street Address 9 Pagano Rd		City Wallingford		State CT	Zip Code 06492		Received 10/2010	
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$25.0	\$25.00

		I. MO	NETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. Itemi	ized Contributio	ons from	Individu	ıals				
Last Name HOLROYD	First Name WILLIAM			MI C	Cash	contribution: X Personal y Order Credit/De		Contribution 0614	on ID#	Amount of Contribution
Residential Street Address 18 Miller St		City Wallingford			State CT	Zip Code 06492		Date Received 05/10/2010		
Principal Occupation RETIRED		Name of Employ	yer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00
Last Name CHARETTE	First Name EDWIN			MI F	Cash	contribution: X Personal y Order Credit/De		Contribution 0615	on ID#	Amount of Contribution
Residential Street Address 1178 Durham Rd		City Wallingford			State CT	Zip Code 06492		ate Received		
Principal Occupation RETIRED		Name of Employ	yer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	egate Contribu	utions \$50.00	\$50.00
Last Name BUONGIRNO	First Name RICHARD			MI T	Cash	contribution: X Personal y Order Credit/De		Contribution 0616	on ID#	Amount of Contribution
Residential Street Address 10 Willow St		City Wallingford			State CT	Zip Code 06492		oate Received 5/10/2010		
Principal Occupation RETIRED		Name of Employ	yer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	ations \$20.00	\$20.00
Last Name DUNN	First Name JAMES			MI F	Cash	contribution: X Personal y Order Credit/De		Contribution 0617	on ID#	Amount of Contribution
Residential Street Address 98 S Orchard St		City Wallingford			State CT	Zip Code 06492-4131		ate Received		
Principal Occupation RETIRED		Name of Employ	yer			Is this contribution assoc fundraising event listed i If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	egate Contribu	utions \$10.00	\$10.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	nal 07/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals		•	
Last Name GALLAGER	First Name		MI W	Cash	contribution: X Personal Character Credit/Debi	neck 072	atribution ID #	Amount of Contribution
Residential Street Address 8 Wall St		City Wallingford		State CT	Zip Code 06492	Date Red 05/10/		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$50.00	\$50.00
Last Name MILLS	First Name ROBERT		MI L	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 06:	ntribution ID#	Amount of Contribution
Residential Street Address 632 N Elm St		City Wallingford		State CT	Zip Code 06492-3270	Date Rec 05/11,		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$50.00	\$50.00
Last Name JOHANSEN	First Name SALLY		MI L	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 06:	atribution ID #	Amount of Contribution
Residential Street Address 21 Balsam Ridge Cir		City Wallingford		State CT	Zip Code 06492	Date Red 05/11,]
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name GIGANTE	First Name JOSEPH		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 06:	ntribution ID#	Amount of Contribution
Residential Street Address 37 Valley View Dr		City Wallingford		State CT	Zip Code 06492	Date Rec 05/11,		
Principal Occupation DELI MANAGER		Name of Employer GIGANTE'S DELI			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Farrell For CT							Orig	inal 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name KRETOCK	First Name GEORGE		MI	Cash	contribution: X Personal Character Credit/Debit	neck 06	ontribution ID #	Amount of Contribution
Residential Street Address 66 N Cherry St		City Wallingford		State CT	Zip Code 06492-2306		teceived 1/2010	
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$5.00	\$5.00
Last Name SEABOURNE	First Name GEORGE		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 06	ontribution ID #	Amount of Contribution
Residential Street Address 12 Valley View Rd		City Thomaston		State CT	Zip Code 06787-0054		teceived 1/2010	
Principal Occupation ATTORNEY		Name of Employer SEABOURNE & MALLEY		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate (Contributions \$20.00	\$20.00
Last Name HAYDEN	First Name BETTY		MI L	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 06	ontribution ID #	Amount of Contribution
Residential Street Address 456 S Main St		City Wallingford		State CT	Zip Code 06492		teceived 1/2010	
Principal Occupation BOOKKEEPER		Name of Employer STOP N SHOP		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$25.00	\$25.00
Last Name BOUCHER	First Name TIMOTHY		MI O	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 06	ontribution ID#	Amount of Contribution
Residential Street Address 2 Williams Pl		City Wallingford		State CT	Zip Code 06492		teceived 1/2010	
Principal Occupation		Name of Employer CT DOT			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$100.00	\$100.00

		I. MONETARY	RECEIP	TS (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contri	butions fro	om Individu	uals			
Last Name MCCORMACK	First Name GAIL		MI G	Cash	contribution: X Personal C y Order Credit/Deb	heck 0630	tion ID#	Amount of Contribution
Residential Street Address 6-1 Cypress Ln		City Wallingford		State CT	Zip Code 06492	Date Receive 05/11/20		
Principal Occupation		Name of Employer			Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		tributor a lobbyis lent child of a lob Yes	obyist?	Aggregate Contr	butions \$25.00	\$25.00
Last Name GIBB	First Name JOHN		MI R	Cash	contribution: X Personal C y Order Credit/Del	heck 0624	ition ID#	Amount of Contribution
Residential Street Address 50 Hanson Rd		City Darien		State CT	Zip Code 06820	Date Receive 05/11/20		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		tributor a lobbyis lent child of a lob Yes		Aggregate Contr	butions \$100.00	\$100.00
Last Name SWEETON, III	First Name ARTHUR		MI W	Cash	contribution: Personal C y Order X Credit/Det	heck 0579	ition ID#	Amount of Contribution
Residential Street Address 6 Humphrey Rd		City Canton Center		State CT	Zip Code 06020	Date Receive 05/11/20		
Principal Occupation CIVIL ENGINEER (RET)		Name of Employer N/A		•	Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	Is condepend	tributor a lobbyis lent child of a lob Yes		Aggregate Contr	butions \$50.00	\$50.00
Last Name BALDRIGE	First Name MARGARE	ĒΤ	MI M	Cash	contribution: X Personal C y Order Credit/Det	heck 0696	tion ID#	Amount of Contribution
Residential Street Address 14 Tomlinson Rd		City Woodbury		State CT	Zip Code 06798	Date Receive 05/11/20		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution association fundraising event listed in If yes, list Event #	Section J19	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		tributor a lobbyis dent child of a lob Yes		Aggregate Contr	butions \$50.00	\$50.00

		I. MONETAF	RY RECI	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. Itemized Cor	ntribution	s from	Individu	ials				
Last Name LARKIN	First Name JAMES		Т	ИІ	Method of o	contribution: X Personal C		Contribution 0623	on ID#	Amount of Contribution
Residential Street Address 5 Hillside Dr		City Greenwich			State CT	Zip Code 06831		ate Received 5/11/2010)	
Principal Occupation RETIRED		Name of Employer N/A				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes 2 Executive Legislative	d		ntor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name PARIZEK	First Name JERRY		N	ИI	Cash	contribution: X Personal C		Contribution 0631	on ID #	Amount of Contribution
Residential Street Address 29 Fisher Hill Rd		City Willington			State CT	Zip Code 06279		ate Received 5/11/2010	0	
Principal Occupation RETIRED		Name of Employer N/A		•		Is this contribution associ- fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Yes Legislativ	d		ntor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	stions \$5.00	\$5.00
Last Name MEADE	First Name ANDREW		Ŋ	ΔI	Method of o	contribution: X Personal C		Contribution 0575	on ID#	Amount of Contribution
Residential Street Address 362 East St		City Southington			State CT	Zip Code 06489		ate Received 5/11/2010)	
Principal Occupation RETIRED		Name of Employer N/A				Is this contribution associ- fundraising event listed in If yes, list Event #		₁₁₂ L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Z	d		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name NORRIE	First Name CATHERIN	NE	N	ИI	Cash	contribution: X Personal C		Contribution	on ID #	Amount of Contribution
Residential Street Address 55 Lupine St		City Wallingford			State CT	Zip Code 06492-3205		ate Received 5/11/2010		
Principal Occupation LEGAL ASSISTANT		Name of Employer FARRELL, LESLIE & G	GROCHOWS	SKI		Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes D Executive Legislativ	d		ntor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	tions	\$100.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name PATRISSI	First Name RICHARD		MI F	Cash	contribution: X Personal C	heck 0610	tion ID#	Amount of Contribution
Residential Street Address 93 Shepard Rd		City West Hartford		State CT	Zip Code 06119	Date Receive 05/11/20		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name FRANCIS	First Name MEG		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	0611	tion ID#	Amount of Contribution
Residential Street Address 170 Pell Meadow Dr		City Fairfield		State CT	Zip Code 06824-2962	Date Receive		
Principal Occupation BOND FUND MANAGER		Name of Employer STATE OF CT		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$20.00	\$20.00
Last Name GODIN	First Name JOYCE		MI W	Cash	contribution: X Personal C y Order Credit/Deb	0604	tion ID#	Amount of Contribution
Residential Street Address 28 White Oak Rd		City Farmington		State CT	Zip Code 06032	Date Receive		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name SIOVALL	First Name WILLIAM		MI C	Cash	contribution: X Personal City Order Credit/Deb	heck 0568	tion ID#	Amount of Contribution
Residential Street Address 76 Ridgecrest Rd		City Wallingford		State CT	Zip Code 06492-2024	Date Receive 05/11/20		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Farrell For CT							Ori	ginal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name GAETANO	First Name		MI R	Cash	contribution: X Personal Cl	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 91 N Whittlesey Ave		City Wallingford		State CT	Zip Code 06492		Received 12/2010	
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$50.0	0 \$50.00
Last Name FAENZA, JR	First Name ANGELO		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 197 N Main St		City West Hartford		State CT	Zip Code 06107		Received 12/2010	
Principal Occupation GENERAL MGR, PERSONA DIVISION		Name of Employer ASSA ABLOY		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name MARVELL	First Name JOHN		MI L	Cash	contribution: X Personal Cl	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 40 Washingtod St		City Milford		State CT	Zip Code 06460		Received 12/2010	
Principal Occupation CLERK		Name of Employer STATE OF CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$25.0	0 \$25.00
Last Name VERNA	First Name ELIZABET	гн	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 26 Mapleview Rd		City Wallingford		State CT	Zip Code 06492		Received 12/2010	
Principal Occupation BUILDER		Name of Employer VERNA PROPERTIES		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.0	0 \$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Farrell For CT							Ori	iginal 07/12/2010
		B. Itemized Contributi	ons from	Individu	ıals			
Last Name JACKOWITZ	First Name EDWARD		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID :	# Amount of Contribution
Residential Street Address 24 Dogwood Dr		City East Hampton		State CT	Zip Code 06424		Received 12/2010	
Principal Occupation		Name of Employer AMERICAN DISTILLING INC		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name HLAVAC	First Name KAREN		MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 85 Saw Mill Dr		City Wallingford		State CT	Zip Code 06492		Received 12/2010	
Principal Occupation RN		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	e Contributions \$75.0	\$75.00
Last Name DEANGELIS	First Name ROSEMAR	RY	MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID :	# Amount of Contribution
Residential Street Address 29 Sachem Rd		City Wallingford		State CT	Zip Code 06492-2815		Received 12/2010	
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	child of a lob	byist?	Aggregate	e Contributions \$25.0	\$25.00
Last Name GALATI	First Name MARY		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0	Contribution ID 3	# Amount of Contribution
Residential Street Address 23 Taylor La		City Wallingford		State CT	Zip Code 06492		Received 12/2010	
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	nal 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name MISITI	First Name CONCETT	A	MI F	Cash	contribution: X Personal C	heck 0	ontribution ID#	Amount of Contribution
Residential Street Address 71 Danny's Way		City Wallingford		State CT	Zip Code 06492-2934		Received .2/2010	
Principal Occupation TEACHER		Name of Employer TOWN OF NORTH BRANFORI)		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name TERAPANE	First Name ALEXAND	ER	MI J	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0	ontribution ID#	Amount of Contribution
Residential Street Address 471 S Main St		City Wallingford		State CT	Zip Code 06492		Received .2/2010	
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$10.00	\$10.00
Last Name DEBAISE	First Name ROGER		MI M	Cash	contribution: X Personal C	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 2 Valley St		City Wallingford		State CT	Zip Code 06492-3542		Received .2/2010	
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$40.00	\$40.00
Last Name CHUBA	First Name RONALD		MI	Cash	contribution: X Personal C	heck 0	ontribution ID#	Amount of Contribution
Residential Street Address 9 Perkins Dr		City Wallingford		State CT	Zip Code 06492		Received .2/2010	
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	Contributions \$25.00	\$25.00

		I. MONETA	RY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. Itemized Co	ontributio	ons from	Individu	ıals				
Last Name EXMAN	First Name JAN			MI	Cash	contribution: X Personal C		Contribution	on ID#	Amount of Contribution
Residential Street Address 66 Old Blue Hills Rd		City Durham			State CT	Zip Code 06422-3004		ate Received 5/13/2010)	
Principal Occupation PROPERTY DEVELOPER		Name of Employer SELF				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	X No	dependent	child of a lob	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name MARCUS	First Name JULIUS			MI L	Cash	contribution: X Personal C y Order Credit/De		Contribution 0645	on ID #	Amount of Contribution
Residential Street Address 75 Davenport Farm Ln E		City Stamford			State CT	Zip Code 06903		ate Received 5/13/2010)	
Principal Occupation RETIRED		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$1	itions	\$100.00
Last Name SHORTELL	First Name CHRISTO	PHER		MI	Cash	contribution: Personal C y Order X Credit/De		Contribution 0659	on ID#	Amount of Contribution
Residential Street Address 1A Cassella Dr		City Wallingford			State CT	Zip Code 06492		ate Received 5/13/2010)	
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	X No	dependent	child of a lob	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name YALE	First Name JUDI			MI	Cash	contribution: Personal C y Order X Credit/De		Contribution 0660	on ID #	Amount of Contribution
Residential Street Address 15 Overlook Dr		City Wallingford			State CT	Zip Code 06492		ate Received 5/13/2010		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisla	X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	itions \$10.00	\$10.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. It	temized Contributi	ons from	ı Individu	ıals				
Last Name JAGODZINSKI	First Name CONNIE			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0576	on ID#	Amount of Contribution
Residential Street Address 27 Berkeley Ter		City Milford			State CT	Zip Code 06460		ate Received		
Principal Occupation RETIRED		Name of E	Employer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyist child of a lob	byist?	Aggre	egate Contrib	stions \$50.00	\$50.00
Last Name POLINER	First Name ROBERT			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 16 Harvey Rd		City Durham			State CT	Zip Code 06422		ate Received		
Principal Occupation ATTY		Name of E	imployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name JOWDY	First Name DANIEL			MI P	Cash	contribution: X Personal (y Order Credit/De		Contributi 0648	on ID#	Amount of Contribution
Residential Street Address 9-11 Granville Ave		City Danbury	,		State CT	Zip Code 06810		ate Received		
Principal Occupation FUNERAL DIRECTOR		Name of E	imployer -KANE FUNERAL HO M	1E		Is this contribution associ fundraising event listed in If yes, list Event #		₁₁₂ L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name RIZZO	First Name RUTH			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 6 Melba St		City Milford			State CT	Zip Code 06460		ate Received		
Principal Occupation		Name of E LEONAR	Employer RD A FASANO, MD		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contrib	utions 100.00	\$100.00

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name TRISTINE	First Name DANIELA			MI G	Cash	contribution: X Personal C		Contribution 0572	ı ID#	Amount of Contribution
Residential Street Address 19 Taylor La		City Wallingfo	ord		State CT	Zip Code 06492-6019		Date Received 05/13/2010		
Principal Occupation WINE SHOP OWNER/RETAILER		Name of Er	mployer			Is this contribution associ fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contributi \$10	ions 00.00	\$100.00
Last Name BLISS	First Name SHERWOO)D		MI B	Cash	contribution: X Personal C y Order Credit/De		Contribution 0657	n ID#	Amount of Contribution
Residential Street Address 25 Grays Farm Rd		City Weston			State CT	Zip Code 06883		Date Received 05/14/2010		
Principal Occupation RETIRED		Name of Er	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$10	ions 00.00	\$100.00
Last Name MCVERRY	First Name JOSEPH			MI F	Cash	contribution: X Personal C y Order Credit/De		Contribution 0688	ı ID#	Amount of Contribution
Residential Street Address 127 Russell St		City Hamden			State CT	Zip Code 06517		Date Received		
Principal Occupation ATTY		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$5	ions 50.00	\$50.00
Last Name ZENGA	First Name WILLIAM			MI R	Cash	contribution: X Personal C		Contribution 0682	ı ID#	Amount of Contribution
Residential Street Address 9 Cricket La		City East Gra	nby		State CT	Zip Code 06026		Date Received		
Principal Occupation INVESTIGATOR		Name of E	mployer DF CT DCP		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$5	ions 50.00	\$50.00

		I. M	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. Ite	mized Contributio	ons from	Individu	ıals				
Last Name RUSNACK	First Name LORI-ANN	I		MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0653	on ID#	Amount of Contribution
Residential Street Address 1575 S Main St		City Cheshire			State CT	Zip Code 06410-3536		ate Received		
Principal Occupation PROJECT MANAGER		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	ations \$25.00	\$25.00
Last Name CHAPLIN	First Name BRUCE			MI A	Cash	contribution: X Personal of the property of t		Contributi 0654	on ID#	Amount of Contribution
Residential Street Address 208 Main St		City Durham			State CT	Zip Code 06422		ate Received		
Principal Occupation ATTY		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name CHAPLIN	First Name KATHERIN	NE		MI M	Cash	contribution: X Personal (y Order Credit/De		Contributi 0655	on ID#	Amount of Contribution
Residential Street Address 208 Main St		City Durham			State CT	Zip Code 06422		ate Received		
Principal Occupation PARALEGAL		Name of Em	ployer ICES OF JAMES M PI	CKETT	•	Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name BARBETTA	First Name VINCENT			MI E	Cash	contribution: X Personal of the property of t		Contributi 0636	on ID#	Amount of Contribution
Residential Street Address 55 W Dayton Hill Rd		City Wallingfor	rd		State CT	Zip Code 06492		ate Received		
Principal Occupation TECH/MANAGER		Name of Em	ployer N CONTROLS INC			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT							Origin	nal 07/12/2010		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name BOSSIDY	First Name MADELINI	E	MI A	Cash	contribution: X Personal Character Credit/Debi	neck 0637	ution ID#	Amount of Contribution		
Residential Street Address 91 Cedar La		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/15/20				
Principal Occupation RETIRED		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second sec		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	ributions \$25.00	\$25.00		
Last Name MANGINI	First Name PAMELA		MI F	Cash	contribution: X Personal Ch / Order Credit/Debi	neck 0640	ution ID#	Amount of Contribution		
Residential Street Address 340 Joyce Rd		City Hamden		State CT	Zip Code 06518	Date Receiv 05/15/20				
Principal Occupation FINANCE DIRECTOR		Name of Employer DERBY PUBLIC SCHOOLS			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ributions \$50.00	\$50.00		
Last Name HOOD	First Name JOYCE		MI N	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0641	ution ID#	Amount of Contribution		
Residential Street Address 83 Sass Dr		City Manchester		State CT	Zip Code 06042	Date Receiv				
Principal Occupation ANALYST		Name of Employer DSS			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Conti	ributions \$100.00	\$100.00		
Last Name SCHAFFRICK	First Name GARY		MI M	Cash	contribution: X Personal Ch Order Credit/Debi	neck 0642	ution ID#	Amount of Contribution		
Residential Street Address 33 Forest St		City Bristol		State CT	Zip Code 06010-7075	Date Receiv 05/15/20				
Principal Occupation DISABLED		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ributions \$10.00	\$10.00		

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Farrell For CT							Orig	ginal 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name SITTNICK	First Name PATRICIA		MI A	Cash	contribution: X Personal Cl y Order	neck 06	ontribution ID #	Amount of Contribution
Residential Street Address 139 Prince St		City Wallingford		State CT	Zip Code 06492-4139		Received 5/2010	
Principal Occupation TRD		Name of Employer MASONICARE/MILLER MEMO	RIAL	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$25.00	\$25.00
Last Name CASEY	First Name KATHLEEI	N	MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 06	ontribution ID #	Amount of Contribution
Residential Street Address 9 Hamlin Ave		City Wallingford		State CT	Zip Code 06492-5218		Received 5/2010	
Principal Occupation RETIRED		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$25.00	\$25.00
Last Name ORSINI	First Name DAVID		MI E	Cash	contribution: X Personal Cl	neck 06	ontribution ID#	Amount of Contribution
Residential Street Address 325 S Brooksvale Rd		City Cheshire		State CT	Zip Code 06410		Received 5/2010	
Principal Occupation SALES		Name of Employer AT&T			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name RUSSO	First Name EVELYN		MI V	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 06	ontribution ID #	Amount of Contribution
Residential Street Address 108 High St		City Middletown		State CT	Zip Code 06457		Received 5/2010	
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$25.00	\$25.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
BISH	RONALD			S	Cash Money	y Order Registration X Personal C		0687		Contribution
Residential Street Address		City		1	State	Zip Code	D	ate Received		
167 Sisk St		Middletov	vn		СТ	06457-2315	0	5/15/2010)	
Principal Occupation ELECTRICAL CONTRACTOR		Name of En	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	<u> </u>	Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contribut	tions	\$100.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No		1		
Last Name PALERMO	First Name PAULINE			MI	Cash	contribution: X Personal (y Order Credit/De		Contributio 0652	n ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
8 Dell Ct		Wallingfo	rd		СТ	06492-2414	0	5/15/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
RETIRED						fundraising event listed in If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribut	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
DOWNEY, SR	JOHN			R	Cash Money	y Order X Personal C		0671		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
3 Guardhouse Dr		Redding			СТ	06896	0	5/16/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
LAWYER		ROME M	CGUIGAN			If yes, list Event #	. Decilor i	х	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	, 1	Aggre	gate Contribut	tions	\$25.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		<u>Ψ</u>		Ψ23.00
Last Name	First Name			MI		contribution:		Contributio	n ID#	Amount of
KNIGHT	STEPHEN			W	Cash Money	y Order Personal C		0676		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
289 Ivy St		Wallingfo	rd		СТ	06492	0	5/16/2010)	
Principal Occupation FREIGHT TRANSP. CONSULTANT		Name of Er	nployer COST MGMNT			Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	•	Yes X No	dependent	utor a lobbyis	byist?	Aggre	gate Contribut	tions 00.00	\$100.00
government the contract is with:		Executive	Legislative	L 1	res X	No	1			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name LAPLANTE	First Name DONNA			MI N	Cash	contribution: X Personal C		Contribution 0638	ID#	Amount of Contribution
Residential Street Address 77 Stedman Rd		City New Har	tford		State CT	Zip Code 06057-3111		Date Received 05/16/2010		
Principal Occupation TOWN CLERK		Name of E	mployer DF NEW HARTFORD			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$1	ons LO.00	\$10.00
Last Name NORMEN	First Name ROY			MI C	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0708	ID#	Amount of Contribution
Residential Street Address 155 Homestead Dr		City South Wi	indsor		State CT	Zip Code 06074		Date Received 05/16/2010		
Principal Occupation RETIRED		Name of E	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$5	ons 50.00	\$50.00
Last Name ROSE, JR	First Name JOHN			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0673	ID#	Amount of Contribution
Residential Street Address 93 N Beacon St		City Hartford			State CT	Zip Code 06105		Date Received 05/17/2010		
Principal Occupation ATTORNEY		Name of E	mployer HARTFORD			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$10	ons 00.00	\$100.00
Last Name HAINES	First Name THOMAS			MI D	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0674	ID#	Amount of Contribution
Residential Street Address 84 Bunker Hill Rd		City Salisbury	′		State CT	Zip Code 06068-0549		Date Received 05/17/2010		
Principal Occupation RETIRED		Name of E	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contributi \$10	ons 00.00	\$100.00

		I. N	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. It	emized Contributi	ons fron	Individu	ıals		•		
Last Name DANIELS	First Name MICHAEL			MI	Method of Cash X Money	contribution: Personal C		Contribution 0649	n ID#	Amount of Contribution
Residential Street Address 937 Unquowa Rd		City Fairfield			State CT	Zip Code 06824		Date Received 05/17/2010	l	
Principal Occupation BAR MANAGER		Name of Er	nployer ESTAURANT			Is this contribution associ- fundraising event listed in If yes, list Event #		_{J1?} $lacksquare$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name PICCIONE	First Name STEFAN			MI	Method of Cash Cash Money	contribution: Personal C		Contribution 0650	n ID#	Amount of Contribution
Residential Street Address 105 Katona Dr # 3AS		City Fairfield			State CT	Zip Code 06824		Date Received 05/17/2010	ı	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ- fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name GAVEEN	First Name RONALD			MI	Method of Cash X Money	contribution: Personal C		Contribution 0651	n ID#	Amount of Contribution
Residential Street Address 86 Bronson Rd		City Stratford			State CT	Zip Code 06614		Date Received 05/17/2010	ı	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ- fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name COUGHLIN	First Name PATRICIA			MI A	Cash	contribution: X Personal C		Contribution 0742	n ID#	Amount of Contribution
Residential Street Address 54 Mariot Cir		City Wallingfo	ord		State CT	Zip Code 06492-5221		Pate Received	ı	
Principal Occupation RETIRED		Name of Er	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? \square	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$	tions 15.00	\$15.00

		I. MONETARY	RECEI	IPTS (Sec	tion A	-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. Itemized Contr	ibutions f	from Indiv	iduals			•		
Last Name JAGLOWSKI	First Name MARY		MI	☐ C	d of contril ash Ioney Orde	Personal C		Contributio	on ID#	Amount of Contribution
Residential Street Address 33 Brian Dr		City Hebron		State CT	Zip	Code		ate Received 5/17/2010)	
Principal Occupation		Name of Employer		•	fun	his contribution associa draising event listed in es, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		contributor a lob pendent child of a		se, or	Aggre	gate Contribu \$1	tions 00.00	\$100.00
Last Name SOMMA	First Name JOYCE		MI M	☐ Ca	d of contrib ash Ioney Orde	X Personal C		Contributio	on ID#	Amount of Contribution
Residential Street Address 81 Kimberly La		City Watertown		State CT	1 -	Code 795		ate Received 5/17/2010)	
Principal Occupation COMPUTER ANALYST		Name of Employer UNITED HEALTHCARE,	HARTFORD		fun	his contribution associa draising event listed in es, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		contributor a lob pendent child of a			Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name PEDALINO	First Name ELINOR		MI C	☐ C:	d of contrib ash Ioney Orde	X Personal C		Contributio	on ID#	Amount of Contribution
Residential Street Address 600 Washington Ave # C-4		City North Haven		State CT	1 -	Code 473		ate Received 5/18/2010)	
Principal Occupation RETIRED		Name of Employer N/A		•	fun	his contribution associa draising event listed in es, list Event #		12	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		contributor a lob pendent child of a			Aggre	gate Contribu \$	tions 50.00	\$50.00
Last Name MASTROPIETRO	First Name KIM		MI A	☐ C	d of contrib ash Ioney Orde	X Personal C		Contributio	on ID#	Amount of Contribution
Residential Street Address 350 Whispering Hill Rd		City Watertown		State CT	1 1	Code 795		ate Received 5/18/2010)	
Principal Occupation TEACHER		Name of Employer WATERTOWN BOD			fun	his contribution associa draising event listed in es, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		contributor a lob pendent child of a			Aggre	gate Contribu	tions .00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Farrell For CT							Origin	al 07/12/2010		
		B. Itemized Contribu	tions fron	ı Individu	ıals					
Last Name NORTON	First Name ANDREW		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0683	ition ID#	Amount of Contribution		
Residential Street Address 94 Westchester Rd		City Colchester		State CT	Zip Code 06415	Date Receive 05/18/20				
Principal Occupation ATTORNEY/LEGISLATIVE LIASON		Name of Employer STATE OF CT			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contri	butions \$100.00	\$100.00		
Last Name JOSELOFF	First Name GERALD		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0675	ition ID#	Amount of Contribution		
Residential Street Address 253 Nicholson St		City Newington		State CT	Zip Code 06111	Date Receive 05/18/20				
Principal Occupation ATTORNEY		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00		
Last Name MURPHY	First Name C.W.		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0634	ition ID#	Amount of Contribution		
Residential Street Address 1434 Tuttle Ave		City Wallingford		State CT	Zip Code 06492	Date Receive				
Principal Occupation		Name of Employer SELF		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$50.00	\$50.00		
Last Name WINKLEMAN	First Name JACK		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0635	tion ID#	Amount of Contribution		
Residential Street Address 141 S Airline Rd		City Wallingford		State CT	Zip Code 06492	Date Receive				
Principal Occupation JUSTICE OF THE PEACE		Name of Employer SELF		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$20.00	\$20.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Farrell For CT							Origin	al 07/12/2010		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name HARLOW	First Name JOHN		MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0677	ution ID#	Amount of Contribution		
Residential Street Address 116 Center St Apt 2E		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/18/20				
Principal Occupation		Name of Employer SELF EMPLOYED			Is this contribution associate fundraising event listed in St. If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$25.00	\$25.00		
Last Name NICEFARO	First Name	& DAVID	MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0672	ution ID#	Amount of Contribution		
Residential Street Address 22 Mapleview Rd		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/18/20				
Principal Occupation CREDIT CARD PROCESSING AGENT		Name of Employer SPECTRUM		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$50.00	\$50.00		
Last Name DINATALE	First Name VINCENZO	0	MI	Cash	contribution: Personal Ch y Order Credit/Debi	neck 0667	ution ID#	Amount of Contribution		
Residential Street Address 8 Taylor La		City Wallingford		State CT	Zip Code 06492	Date Receiv 05/18/20				
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		
Last Name CACCIOLA	First Name PHILIP		MI P	Method of Cash X Money	contribution: Personal Ch y Order Credit/Debi	neck 0699	ution ID#	Amount of Contribution		
Residential Street Address 17 Loreli Cir		City Middletown		State CT	Zip Code 06457	Date Receiv 05/18/20				
Principal Occupation DIRECTOR CONS PROTECTION		Name of Employer CITY OF MIDDLETOWN, CT		•	Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob ves	byist?	Aggregate Contr	sibutions \$100.00	\$100.00		

		I. MONETARY	RECE	IPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. Itemized Contr	ributions	from	Individu	als				
Last Name FORMICA	First Name		MI M		Method of c	X Personal C		Contribution 0692	on ID#	Amount of Contribution
Residential Street Address 20 A Bush Hill Dr		City Niantic			State CT	Zip Code 06357-1805	- 1	ate Received 5/19/2010)	
Principal Occupation FIRST SELECTMAN		Name of Employer TOWN OF EAST LYME		•		Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			tor a lobbyist child of a lobbes	oyist?	Aggre	gate Contribu \$1	ons.00.00	\$100.00
Last Name BARAN	First Name VIVIAN		MI P	I	Method of c Cash Money	X Personal C		Contribution	on ID #	Amount of Contribution
Residential Street Address 72 Seiter Hill Rd		City Wallingford			State CT	Zip Code 06492	- 1	ate Received 5/19/2010)	
Principal Occupation Name of Employer						Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			tor a lobbyist child of a lobbes	oyist?	Aggre	gate Contribu \$1	ons.00.00	\$100.00
Last Name MARDIS, JR	First Name ALLEN		MI	I	Method of c Cash Money	X Personal C		Contribution 0681	on ID#	Amount of Contribution
Residential Street Address 12 Ball Pond Rd		City New Fairfield			State CT	Zip Code 06812	- 1	ate Received 5/19/2010)	
Principal Occupation ACCOUNTANT		Name of Employer SELF		·		Is this contribution association fundraising event listed in If yes, list Event #		12	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			tor a lobbyist child of a lobbes	byist?	Aggre	gate Contribu \$1	ons .00.00	\$100.00
Last Name LAWRENCE	First Name ROBERT		MI J	I	Method of c Cash Money	contribution: X Personal C		Contribution	on ID #	Amount of Contribution
Residential Street Address 353 S Main St		City Wallingford			State CT	Zip Code 06492	- 1	ate Received 5/20/2010)	
Principal Occupation DENTIST		Name of Employer SELF				Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			tor a lobbyist	pyist?	Aggre	gate Contribu	550.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. Itemize	d Contributio	ons from	Individu	ıals				
Last Name MIYASHIRO	First Name GARY			MI H	Cash	contribution: X Personal (y Order Credit/De		Contribution 0680	on ID#	Amount of Contribution
Residential Street Address 41 Sullivan Dr		City West Redding			State CT	Zip Code 06896		ate Received 5/20/2010		
Principal Occupation RETIRED		Name of Employer N/A				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ntions	\$100.00
Last Name ZAFIRIS	First Name STEVE			MI T	Cash	contribution: X Personal (y Order		Contribution 0685	on ID#	Amount of Contribution
Residential Street Address 21 Seiter Hill Rd		City Wallingford			State CT	Zip Code 06492		ate Received 5/20/2010	0	
Principal Occupation RETIRED				Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name GASPERINI	First Name FRANCES			MI L	Cash	contribution: X Personal 0		Contribution	on ID#	Amount of Contribution
Residential Street Address 105 High St		City Wallingford			State CT	Zip Code 06492-3169		ate Received 5/20/2010		
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	itions \$20.00	\$20.00
Last Name GAVRISH	First Name LOUISE			MI	Cash	contribution: X Personal 0 y Order Credit/De		Contribution 0698	on ID#	Amount of Contribution
Residential Street Address 1 Westview Dr		City Wallingford			State CT	Zip Code 06492-3935		ate Received 5/20/2010		
Principal Occupation RETIRED		Name of Employer N/A				Is this contribution associ fundraising event listed in If yes, list Event #		u? 🗀	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	itions \$10.00	\$10.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name GIORDANO	First Name B		MI R	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 072	ibution ID#	Amount of Contribution
Residential Street Address 37 William St		City Norwalk		State CT	Zip Code	Date Rece 05/20/2		
Principal Occupation		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name NACLERIO	First Name MARIE		MI M	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0700	ibution ID #	Amount of Contribution
Residential Street Address 780 E Center St		City Wallingford		State CT	Zip Code 06492	Date Rece 05/20/2		
Principal Occupation Name of Employer RETIRED N/A				•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$25.00	\$25.00
Last Name MCGURK	First Name W		MI	Method of Cash Money	contribution: Personal Ch y Order Credit/Debi	neck 070	ibution ID #	Amount of Contribution
Residential Street Address 21 Stillmeadow La		City Somers		State CT	Zip Code 06071	Date Rece 05/20/2		
Principal Occupation BANKER		Name of Employer ROCKVILLE BANK			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	\$20.00	\$20.00
Last Name KNAPSACK	First Name TRACIE		MI M	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0679	ibution ID #	Amount of Contribution
Residential Street Address 30 Tinsmith Xing		City Wethersfield		State CT	Zip Code 06109-1336	Date Rece 05/20/2		
Principal Occupation AFAO		Name of Employer STATE OF CT		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Farrell For CT							Orig	ginal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name FARRELL	First Name BRIAN		MI J	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 16 Lost Brk LA		City Wallingford		State CT	Zip Code 06492		Received 21/2010	
Principal Occupation ATTY		Name of Employer SELF		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name MATHER	First Name MOHANA		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 3 Bartholomew La		City Wallingford		State CT	Zip Code 06492		Received 21/2010	
Principal Occupation HOUSEWIFE		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name PADULA	First Name MARY ANI	N	MI B	Cash	contribution: X Personal Character Credit/Debit	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 248 Highland Dr		City Waterbury		State CT	Zip Code 06708-3612		Received 21/2010	
Principal Occupation SECRETARY		Name of Employer WATERBURY HOSPITAL			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name FEDOR, JR	First Name RICHARD		MI T	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 66 Wylie School Rd		City Voluntown		State CT	Zip Code 06384		Received 22/2010	
Principal Occupation LIQUOR CONTRIL CASINO AGENT		Name of Employer STATE OF CT		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. Itemized Cont	ributions	s from	Individu	als				
Last Name CONSTAND	First Name MICHAEL		M P		Method of c	contribution: X Personal C		Contributio	on ID#	Amount of Contribution
Residential Street Address 1 Winona Pl		City Easton			State CT	Zip Code 06605		ate Received)	
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	de		tor a lobbyist child of a lobl	byist?	Aggre	egate Contribu \$1	.00.00	\$100.00
Last Name MCNULTY	First Name ANNE		M M		Method of c Cash Money	contribution: X Personal C		Contribution	on ID#	Amount of Contribution
Residential Street Address 122 Grieb Rd		City Wallingford			State CT	Zip Code 06492-2580		ate Received 5/22/2010)	
Principal Occupation RETIRED		•		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	de		tor a lobbyist child of a lobl	byist?	Aggre	gate Contribu	itions 520.00	\$20.00
Last Name FORTIER	First Name JEANNET	ΓE	В		Method of c	contribution: X Personal C		Contribution 0702	on ID#	Amount of Contribution
Residential Street Address 137 Mohawk Dr		City Wallingford			State CT	Zip Code 06492		eate Received 5/22/2010)	
Principal Occupation RETIRED		Name of Employer N/A		·		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	de		tor a lobbyist child of a lobbes	byist?	Aggre	gate Contribu	tions 525.00	\$25.00
Last Name TYRRELL	First Name PETER		M		Method of c	contribution: X Personal C		Contribution 0694	on ID #	Amount of Contribution
Residential Street Address 147 Porter HI		City Middlebury			State CT	Zip Code 06762		ate Received 5/23/2010)	
Principal Occupation ATTORNEY		Name of Employer SOLIX, INC.		•		Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor a state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	de		tor a lobbyist child of a lobl	byist?	Aggre	gate Contribu	.00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Farrell For CT							Origin	al 07/12/2010	
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name PROSCINO	First Name MICHAEL		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0739	oution ID #	Amount of Contribution	
Residential Street Address 14 Jackson Ave		City Wallingford		State CT	Zip Code 06492	Date Recei 05/23/2			
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$25.00	\$25.00	
Last Name LUNGYEL	First Name SCOTT		MI	Cash	contribution: Personal Cl y Order Credit/Deb	heck 0717	oution ID #	Amount of Contribution	
Residential Street Address 150 Victory St		City Bridgeport		State CT	Zip Code 06606	Date Recei 05/24/2			
Principal Occupation PLUMBER	Name of Employer BRIA PLUMBING		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00	
Last Name CASSELLA	First Name MARTIN		MI A	Cash	contribution: X Personal Cl	heck 0718	oution ID#	Amount of Contribution	
Residential Street Address 14 Wayne Rd		City Wallingford		State CT	Zip Code 06492	Date Recei 05/24/2			
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$20.00	\$20.00	
Last Name LILLY	First Name DOUGLAS	5	MI G	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0719	oution ID #	Amount of Contribution	
Residential Street Address 20 Roseland Ave		City Meriden		State CT	Zip Code 06450	Date Recei 05/24/2			
Principal Occupation ATTORNEY		Name of Employer LAW OFFICE OF DOUGLAS L	ILLY	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. It	emized Contributi	ons from	Individ	uals				
Last Name RELL	First Name M. JODI			MI	Cash	contribution: X Personal of the property Order Credit/Dec		Contributi 0695	on ID#	Amount of Contribution
Residential Street Address 125 Longmeadow Hill Rd		City Brookfiel	d		State CT	Zip Code 06804		Date Received		
Principal Occupation GOVERNOR		Name of Er				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol Yes		Aggre	egate Contribi	utions 100.00	\$100.00
Last Name KRISON	First Name PAMELA			MI H	Cash	contribution: X Personal of the property of t		Contributi 0768	on ID#	Amount of Contribution
Residential Street Address 274 Saratoga Blvd		City Saratoga	Springs		State NY	Zip Code 12866		Date Received		
Principal Occupation RETIRED	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol Yes	-	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name BIRNEY	First Name TINA			MI	Cash	contribution: X Personal or Order Credit/De		Contributi 0785	on ID#	Amount of Contribution
Residential Street Address 32 Powder Hill Rd		City Middlefie	ld		State CT	Zip Code 06455		Date Received 05/26/201		
Principal Occupation MANAGER		Name of Er HASKOS	nployer BIRNEY LLC		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol yes		Aggre	egate Contrib	utions 100.00	\$100.00
Last Name BIRNEY	First Name RALPH			MI	Cash	contribution: X Personal or Order Credit/Dec		Contributi	on ID#	Amount of Contribution
Residential Street Address 32 Powder Hill Rd		City Middlefie	ld		State CT	Zip Code 06455		Date Received		
Principal Occupation OWNER		Name of Er HASKOS	mployer BIRNEY LLC			Is this contribution assoc fundraising event listed i If yes, list Event #		J12 L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol res	-	Aggre	egate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origii	nal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name WATERS	First Name ALLAN		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 07	ntribution ID #	Amount of Contribution
Residential Street Address 86 So St		City Cromwell		State CT	Zip Code 06416	Date Re 05/26		
Principal Occupation		Name of Employer SELF		•	Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name RIGALI	First Name SHARON		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 07	ntribution ID#	Amount of Contribution
Residential Street Address 46 Seiter Hill Rd		City Wallingford		State CT	Zip Code 06492	Date Re 05/26		
Principal Occupation ADMINISTRATION	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00
Last Name RYS	First Name MARYJAN	E	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 07	ntribution ID #	Amount of Contribution
Residential Street Address 96 Pierson Dr		City Wallingford		State CT	Zip Code 06492-2020	Date Re 05/27		
Principal Occupation CSR		Name of Employer UNICORR PKG GROUP			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate C	Contributions \$50.00	\$50.00
Last Name ALDRICH	First Name NORMAN		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 07	ntribution ID #	Amount of Contribution
Residential Street Address 110 Butternut La		City Stratford		State CT	Zip Code 06614-2456	Date Re 05/27	eceived /2010	
Principal Occupation CPA		Name of Employer SELF			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. It	emized Contributi	ons from	Individ	uals				
Last Name ALDRICH	First Name BARBARA			MI J	Cash	Contribution: X Personal by Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 110 Butternut La		City Stratford			State CT	Zip Code 06614-2456		Date Received		
Principal Occupation RN		Name of E	mployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol res		Aggre	egate Contrib	s50.00	\$50.00
Last Name SMITH	First Name MEGAN			MI E	Cash	contribution: Personal y Order X Credit/De		Contributi 0740	on ID#	Amount of Contribution
Residential Street Address 261 S Main St		City Wallingfo	ord		State CT	Zip Code 06492		Date Received		
Principal Occupation Name of Employer					•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol 'es X		Aggre	egate Contrib	utions \$25.00	\$25.00
Last Name MORFORALLI	First Name GENNARC)		MI	Cash	Contribution: Personal by Order X Credit/De		Contributi 0715	on ID#	Amount of Contribution
Residential Street Address 90 Old Gate Rd		City Meriden			State CT	Zip Code 06451		Date Received 05/28/201		
Principal Occupation PRESIDENT		Name of En FRIARZO INC.	nployer DL INPAID OF NEW E	NGLAND,		Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol Yes		Aggre	egate Contribi	utions 100.00	\$100.00
Last Name MEYERS	First Name EARL			MI J	Cash	contribution: X Personal y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 14 Fillmore La		City Ridgefiel	d		State CT	Zip Code 06877		Date Received		
Principal Occupation RETIRED		Name of E	mployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J12 L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol res		Aggre	egate Contrib	utions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. Itemized Contri	bution	s from	Individu	ıals				
Last Name BERNARDONI	First Name JAMES			MI H	Method of o	contribution: X Personal of Order Credit/De		Contribution 0749	on ID#	Amount of Contribution
Residential Street Address 52 New Place St		City Yalesville			State CT	Zip Code 06492-2237		Date Received 05/31/2010		
Principal Occupation SHIPPER		Name of Employer COOPER-ATKINS CORP				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	egate Contribu	itions \$25.00	\$25.00
Last Name MONTANO	First Name DANIEL		N F	MI P	Cash	contribution: X Personal of Credit/De		Contribution 0744	on ID#	Amount of Contribution
Residential Street Address 435 Old Reservoir Rd		City Wethersfield			State CT	Zip Code 06109		Date Received	0	
Principal Occupation PHARMACEUTICAL REP	Name of Employer LOWA				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	egate Contribu	itions \$20.00	\$20.00
Last Name DIGENOVA	First Name ROCCO			MI R	Cash	contribution: X Personal (Contribution 0752	on ID#	Amount of Contribution
Residential Street Address 7 Regent Ct		City Wallingford	-		State CT	Zip Code 06492		Date Received		
Principal Occupation ENGINEER		Name of Employer SIKORSKY AIRCRAFT				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Note Legislative	o I		ttor a lobbyist child of a lob es	byist?	Aggre	egate Contribu	itions \$15.00	\$15.00
Last Name DIGENOVA	First Name JEANNE			MI H	Method of o	contribution: X Personal of Order Credit/De		Contribution 0753	on ID#	Amount of Contribution
Residential Street Address 7 Regent Ct		City Wallingford			State CT	Zip Code 06492		Date Received		
Principal Occupation HOMEMAKER		Name of Employer N/A				Is this contribution assoc fundraising event listed in If yes, list Event #		_{J12}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No. Executive Legislative			ttor a lobbyist child of a lob es	byist?	Aggre	egate Contribu	itions \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Farrell For CT							Origin	al 07/12/2010		
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name HOWE	First Name KATHRYN	1	MI R	Cash	contribution: X Personal Cl y Order	heck 0748	oution ID#	Amount of Contribution		
Residential Street Address 33 Laurelwood Rd		City Wallingford		State CT	Zip Code 06492	Date Receiv				
Principal Occupation HOUSEWIFE		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	sibutions \$100.00	\$100.00		
Last Name TRUJILLO	First Name GUSTAVO)	MI E	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0733	oution ID#	Amount of Contribution		
Residential Street Address 19 Summit Dr		City Wallingford		State CT	Zip Code 06492-3951	Date Receiv				
Principal Occupation RETIRED	Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$20.00	\$20.00		
Last Name DICKINSON, JR	First Name WILLIAM		MI W	Cash	contribution: X Personal Cl	heck 0751	oution ID#	Amount of Contribution		
Residential Street Address 112 Grieb Rd		City Wallingford		State CT	Zip Code 06492-2580	Date Receiv				
Principal Occupation MAYOR		Name of Employer TOWN OF WALLINGFORD		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$50.00	\$50.00		
Last Name FOOTE	First Name JAMES		MI W	Cash	contribution: X Personal Cl y Order	heck 0743	oution ID#	Amount of Contribution		
Residential Street Address 78 Mountain Rd		City Farmington		State CT	Zip Code 06032	Date Receiv				
Principal Occupation PROJECT MANAGER		Name of Employer O & G INDUSTRIES			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$10.00	\$10.00		

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. It	temized Contributi	ons from	Individu	ıals				
Last Name WAWER	First Name DAVID			MI J	Cash	contribution: X Personal C y Order		Contributi 0745	on ID#	Amount of Contribution
Residential Street Address 240 Abbe Rd		City Enfield			State CT	Zip Code 06082		oate Received		
Principal Occupation CONSULTANT		Name of E SELF	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	stions \$50.00	\$50.00
Last Name REMINGTON	First Name DIANNE			MI R	Cash	contribution: X Personal C y Order Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 953 River Blvd		City Suffield			State CT	Zip Code 06078-1414		ate Received		
Principal Occupation HOMEMAKER		Name of E	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contrib	utions \$10.00	\$10.00
Last Name REMINGTON	First Name ERIC			MI B	Cash	contribution: X Personal C		Contributi 0746	on ID#	Amount of Contribution
Residential Street Address 953 River Blvd		City Suffield			State CT	Zip Code 06078-1414		oate Received		
Principal Occupation VP		Name of E				Is this contribution associ fundraising event listed in If yes, list Event #		_{J12} _	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	ations \$10.00	\$10.00
Last Name FONTANELLA	First Name STEVEN			MI	Cash	contribution: X Personal C y Order Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 26 Higby Rd		City Middleto	wn		State CT	Zip Code 06457		oate Received		
Principal Occupation GM GOLF COURSE/RESTAURANT OWNER		Name of E	mployer ION GOLF CLUB/SELF	:		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Farrell For CT							Orig	ginal 07/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name FLYNN III	First Name THOMAS		MI F	Cash	contribution: X Personal Cl	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 236 S Elm St		City Wallingford		State CT	Zip Code 06492		Received 02/2010	
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$75.00	\$75.00
Last Name WOLLEN	First Name JULIE		MI C	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 15 Taylor La		City Wallingford		State CT	Zip Code 06492		Received 02/2010	
Principal Occupation TEACHER		Name of Employer TOWN OF WALLINGFORD			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name JAGLOWSKI	First Name	CE .	MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 33 Brian Dr		City Hebron		State CT	Zip Code		Received 02/2010	
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name DINATALE	First Name CATHERIN	NE	MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 35R Catherine Dr		City Durham		State CT	Zip Code 06492		Received 03/2010	
Principal Occupation STUDENT		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MO	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. Item	nized Contributio	ons from	Individu	ıals				
Last Name ALCAZAR	First Name RAMIRO			MI	Cash	contribution: X Personal C		Contribution 0731	on ID#	Amount of Contribution
Residential Street Address 26 Edgewood St		City Meriden			State CT	Zip Code 06451-2926		ate Received		
Principal Occupation LATINO FREEDOM FIGHTER		Name of Emplo	oyer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name NELSON	First Name DAVID			MI	Cash	contribution: Personal C y Order X Credit/De		Contribution 0759	on ID#	Amount of Contribution
Residential Street Address 66 Mill Rd		City East Hadda	m		State CT	Zip Code		ate Received		
Principal Occupation		Name of Emple	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name FARRELL	First Name JOAN			MI E	Cash	contribution: X Personal C		Contribution 0761	on ID#	Amount of Contribution
Residential Street Address 245 Avenue C Apt 6C		City New York			State NY	Zip Code 10009		ate Received		
Principal Occupation RETIRED		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		₁₁₂	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name KEYES	First Name JOHN			MI	Cash	contribution: X Personal C		Contribution 0729	on ID#	Amount of Contribution
Residential Street Address 63 Marvel Rd		City New Haven			State CT	Zip Code		ate Received		
Principal Occupation ATTORNEY		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origin	al 07/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
DINATALE	ADRIENN	E			X Cash Money	y Order Personal C		0726		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
54R Mauro Dr		Durham			СТ	06422	0	6/04/2010)	
Principal Occupation HOMEMAKER		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?} '	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$1	itions	\$100.00
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
DINATALE	MARIO			G	X Cash Money	y Order Personal C		0727		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
54R Mauro Dr		Durham			СТ	06422	0	6/04/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
CSO		NEXGEN	SOLUTIONS			If yes, list Event #	ii Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
COYLE	CHRISTAI	N			Cash Money	y Order Personal Credit/De		0755		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
3250 Fairfield Ave		Bridgepo	rt		СТ	06605	0	6/04/2010)	
Principal Occupation TEACHER		Name of Er BLACK R	nployer OCK ELEMENTARY S	CHOOL		Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
				1		·	1			•
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu \$1	tions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	<u> </u>	res X	No				Ψ100.00
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
RODRIGUEZ	JENNIFER				Cash Money	y Order Personal C		0756		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
272 Jones Hill Rd		West Hav	/en		СТ	06516	0	6/04/2010)	
Principal Occupation MODEL MANAGER		Name of Er BCBG	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	l	Yes X No		utor a lobbyis	-	Aggre	egate Contribu	itions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No	1		.00.00	\$100.00

		I. MONETARY	RECEIP	TS (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	nal 07/12/2010
		B. Itemized Contrib	outions fr	om Individu	ıals		•	
Last Name HANSEN	First Name DANA		MI	Cash	contribution: Personal Cl y Order Credit/Deb	heck 0757	ntion ID#	Amount of Contribution
Residential Street Address 31 Pine Tree La		City Monroe		State CT	Zip Code 06468	Date Receive 06/04/20		
Principal Occupation MODEL/SALESPERSON		Name of Employer BCBG		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		tributor a lobbyis dent child of a lob Yes	byist?	Aggregate Contr	stutions \$100.00	\$100.00
Last Name SUMMA	First Name WILLIAM		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0741	ntion ID#	Amount of Contribution
Residential Street Address 115 Nathan St		City Waterbury		State CT	Zip Code 06708	Date Receive 06/05/20		
Principal Occupation PHARMACIST		Name of Employer BUNKER HILL PHARMACY		·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		tributor a lobbyis dent child of a lob Yes	byist?	Aggregate Contr	sbutions \$50.00	\$50.00
Last Name DENICOLA	First Name BARBARA		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0737	ntion ID#	Amount of Contribution
Residential Street Address 10 Dante Pl		City Hamden		State CT	Zip Code 06514	Date Receive 06/06/20		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section 112	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		tributor a lobbyis dent child of a lob Yes	byist?	Aggregate Contr	\$25.00	\$25.00
Last Name PANNONE	First Name JOSEPH		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0760	ntion ID#	Amount of Contribution
Residential Street Address 329 Main St		City Wallingford		State CT	Zip Code 06492	Date Receive 06/06/20		
Principal Occupation		Name of Employer FORZA			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		tributor a lobbyis dent child of a lob	byist?	Aggregate Contr	sbutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name SMITH	First Name HEIDI		MI J	Cash	contribution: X Personal Character Credit/Debi	neck 076	tribution ID#	Amount of Contribution
Residential Street Address 885 Lake Dr		City Guilford		State CT	Zip Code 06437	Date Rec 06/07/		
Principal Occupation LOAN OFFICER		Name of Employer LI SOUND VIEW MTG			Is this contribution associate fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	\$100.00	\$100.00
Last Name HANSEN, JR	First Name RONALD		MI D	Cash	contribution: X Personal Cl / Order Credit/Debi	neck 076	tribution ID#	Amount of Contribution
Residential Street Address 44 Schoolhouse Rd		City Wallingford		State CT	Zip Code 06492	Date Rec 06/08/		
Principal Occupation PRESIDENT, CEO		Name of Employer COMPONENT ENGINEERS, IN	IC		Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name HANSEN	First Name COURTNE	Υ	MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 076	tribution ID #	Amount of Contribution
Residential Street Address 44 Schoolhouse Rd		City Wallingford		State CT	Zip Code 06492	Date Rec 06/08/		
Principal Occupation HOMEMAKER		Name of Employer N/A		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$100.00	\$100.00
Last Name FITZGERALD	First Name JON		MI P	Cash	contribution: X Personal Cl / Order Credit/Debi	neck 076	tribution ID#	Amount of Contribution
Residential Street Address 99 Gregory Rd		City Bristol		State CT	Zip Code 06010-3239	Date Rec 06/09/		
Principal Occupation ATTORNEY		Name of Employer STATE OF CT	_	•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	ontributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FI	ILING DUE DATE
Farrell For CT							Oı	riginal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name MORRIS	First Name FRANK		MI H	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	O# Amount of Contribution
Residential Street Address 188 Broad St		City Wethersfield		State CT	Zip Code 06109-3105		Received 09/2010	
Principal Occupation FARMER		Name of Employer SELF			Is this contribution associa fundraising event listed in If yes, list Event #		Ye X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$25.	
Last Name RIOTTE	First Name BARBARA		MI U	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	O# Amount of Contribution
Residential Street Address 220 High St		City Wallingford		State CT	Zip Code 06492		Received 09/2010	
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.	
Last Name PAPPA	First Name MARK		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution ID	Amount of Contribution
Residential Street Address 105 Back La		City Newington		State CT	Zip Code		Received 14/2010	
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$50.	
Last Name HICKEY	First Name JENNIFER	R	MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution ID	O# Amount of Contribution
Residential Street Address 32 Saner Rd		City Marlborough		State CT	Zip Code		Received 15/2010	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Ye x No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.	

		I. MONETAR	Y RECE	IPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. Itemized Cont	ributions	from	Individu	als				
Last Name HANBURY	First Name ROBERT		MI	I	Method of o	contribution: Personal C Order X Credit/Deb		Contribution 0769	on ID#	Amount of Contribution
Residential Street Address 163 Shagbark Rd		City Glastonbury			State CT	Zip Code 06033	- 1	ate Received 6/15/2010)	
Principal Occupation REMODELING CONTRACTOR		Name of Employer HOUSE OF HANBURY		•		Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	ons .00.00	\$100.00
Last Name FIEDEROWICZ	First Name WALTER		MI M		Method of o	contribution: X Personal C Order Credit/Det		Contribution	on ID #	Amount of Contribution
Residential Street Address 102 North St		City Litchfield			State CT	Zip Code 06759	- 1	ate Received 6/15/2010)	
Principal Occupation		Name of Employer SELF		•		Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	dep		tor a lobbyist	byist?	Aggre	gate Contribu	itions 575.00	\$75.00
Last Name CONSTAND	First Name CHERYL		MI	I	Method of o	contribution: X Personal C Order Credit/Deb		Contribution	on ID#	Amount of Contribution
Residential Street Address 1 Winona Pl		City Easton			State CT	Zip Code 06612	- 1	ate Received 6/15/2010)	
Principal Occupation RETIRED		Name of Employer N/A		•		Is this contribution associa fundraising event listed in If yes, list Event #		12	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	dep		tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	ons .00.00	\$100.00
Last Name CONSTAND	First Name WILLIAM		MI	I	Method of o	contribution: X Personal C		Contribution	on ID #	Amount of Contribution
Residential Street Address 1 Winona Pl		City Easton			State CT	Zip Code 06612	- 1	ate Received 6/15/2010)	
Principal Occupation RETIRED		Name of Employer N/A		•		Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	dep		tor a lobbyist	byist?	Aggre	gate Contribu \$1	.00.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name CONSTAND	First Name CHRISTO	PHER	MI S	Cash	contribution: X Personal Cl	neck 0776	ution ID#	Amount of Contribution
Residential Street Address 1 Winona Pl		City Easton		State CT	Zip Code 06612	Date Receiv 06/15/20		
Principal Occupation REAL ESTATE AGENT		Name of Employer PRUDENTIAL			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Conti	sibutions \$100.00	\$100.00
Last Name LUPOLI	First Name GERALDII	NE	MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 0771	ution ID#	Amount of Contribution
Residential Street Address 720 Orange Center Rd		City Orange		State CT	Zip Code 06477	Date Receiv 06/15/20		
Principal Occupation ATTORNEY		Name of Employer GERALDINE A LUPOLI, PC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ributions \$50.00	\$50.00
Last Name HANNON	First Name SUSAN		MI	Cash	contribution: X Personal Cl	neck 0772	ution ID#	Amount of Contribution
Residential Street Address 2 Orchard Brook Dr		City Wethersfield		State CT	Zip Code 06109	Date Receiv		
Principal Occupation		Name of Employer TRAVELERS		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Conti	ributions \$100.00	\$100.00
Last Name DUNNE	First Name JAMES		MI G	Cash	contribution: X Personal Cl	neck 0773	ution ID#	Amount of Contribution
Residential Street Address 40 Montgomery St		City Bridgeport		State CT	Zip Code 06605	Date Receiv 06/16/20		
Principal Occupation PUBLIC SAFETY		Name of Employer TOWN OF WESTPORT		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name WHITE	First Name JOHN		MI	Cash	contribution:	heck 0790	oution ID #	Amount of Contribution
Residential Street Address 60 Pound Ridge Rd		City Cheshire		State CT	y Order X Credit/Deb	Date Recei 06/16/2		
Principal Occupation		Name of Employer		1	Is this contribution associa fundraising event listed in If yes, list Event #	ted with a	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name O'MEARA	First Name PETER		MI H	Cash	contribution: X Personal Cl	heck 0778	oution ID#	Amount of Contribution
Residential Street Address PO Box 51		City Essex		State CT	Zip Code 06426	Date Recei		
Principal Occupation COMMISSIONER		Name of Employer STATE OF CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name WHITE	First Name JOHN		MI W	Cash	contribution: X Personal Cl	heck 0779	oution ID#	Amount of Contribution
Residential Street Address 60 Pound Ridge Rd		City Cheshire		State CT	Zip Code 06410	Date Recei		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name MCGUIRE	First Name DIANE		MI C	Cash	contribution: X Personal Cl	heck 0796	oution ID#	Amount of Contribution
Residential Street Address 72 Thimble Island Rd		City Stony Creek		State CT	Zip Code 06405	Date Recei		
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name MCGUIRE	First Name JOHN		MI M	Cash	contribution: X Personal Cl	neck 0797	tion ID#	Amount of Contribution
Residential Street Address 72 Thimble Island Rd		City Stony Creek		State CT	Zip Code 06405	Date Receive 06/19/20		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name HYLAND	First Name ROBERT		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0780	tion ID#	Amount of Contribution
Residential Street Address 9 Grassy Hill Ct		City Wallingford		State CT	Zip Code 06492	Date Receive		
Principal Occupation ENGINEER		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name BEYER	First Name PATRICIA		MI	Cash	contribution: X Personal Cl	neck 0777	tion ID#	Amount of Contribution
Residential Street Address 93 Pheasant Dr		City Rocky Hill		State CT	Zip Code 06067-2034	Date Receive 06/20/20		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$25.00	\$25.00
Last Name CAMPISI	First Name JOSEPH		MI P	Cash	contribution: X Personal Cl	neck 0798	tion ID#	Amount of Contribution
Residential Street Address 40 Canoe Place Rd		City Hampton Bays		State NY	Zip Code 11946-1716	Date Receive		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name CAMPISI	First Name PHYLILS		MI	Cash	contribution: X Personal Cl	heck 0799	bution ID #	Amount of Contribution
Residential Street Address 40 Canoe Place Rd		City Hampton Bays		State NY	Zip Code 11946-1716	Date Rece 06/20/2		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	\$100.00	\$100.00
Last Name VERNA	First Name VINCENZO	0	MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0782	bution ID#	Amount of Contribution
Residential Street Address 4 Laurelwood Dr		City Wallingford		State CT	Zip Code 06492	Date Rece 06/20/2		
Principal Occupation REITRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name VERNA	First Name PATRICIA	1	MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0783	bution ID #	Amount of Contribution
Residential Street Address 4 Laurelwood Dr		City Wallingford		State CT	Zip Code 06492	Date Rece 06/20/2		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name MARRONE, III	First Name JOSEPH		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0792	bution ID#	Amount of Contribution
Residential Street Address 49 Powers Rd		City Wallingford		State CT	Zip Code 06492	Date Rece 06/21/2		
Principal Occupation ADJUSTER		Name of Employer ALLSTATE INS			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor a state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name SAAS, JR	First Name WILLIAM		MI J	Cash	contribution: X Personal Character Credit/Debi	eck 0781	ution ID#	Amount of Contribution
Residential Street Address 32 William St		City Wallingford		State CT	Zip Code 06492	Date Receiv		
Principal Occupation REGISTERED REPRESENTATIVE		Name of Employer SAAS KIRWAN ASSOC		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name SUCHY, III	First Name JOHN		MI J	Cash	contribution: X Personal Ch / Order Credit/Debi	eck 0791	ution ID #	Amount of Contribution
Residential Street Address 6 Sugarbush Ct		City Wilton		State CT	Zip Code 06897	Date Receiv		
Principal Occupation		Name of Employer STATE OF CT		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$50.00	\$50.00
Last Name COSTELLI	First Name JOSEPH		MI F	Cash	contribution: X Personal Character Credit/Debi	eck 0809	ution ID#	Amount of Contribution
Residential Street Address 14 Laura La		City North Haven		State CT	Zip Code 06473	Date Receiv		
Principal Occupation INSURANCE SALES		Name of Employer SELF		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	stibutions \$100.00	\$100.00
Last Name RASCATI	First Name FRANK		MI	Cash	contribution: Personal Ch / Order Credit/Debi	eck 0795	ution ID#	Amount of Contribution
Residential Street Address 378 E Main St		City Wallingford		State CT	Zip Code 06492	Date Receiv 06/23/20		
Principal Occupation BARTENDER		Name of Employer SCORE BOARD			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	NG DUE DATE
Farrell For CT							Origi	nal 07/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name SARGEANT	First Name SAMUEL		MI C	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 08	entribution ID #	Amount of Contribution
Residential Street Address 277 S Main St		City Wallingford		State CT	Zip Code 06492	Date Re 06/23	eceived 3/2010	
Principal Occupation ARCHITECT		Name of Employer LAZARUS & SARGEANT		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name DEVANEY	First Name BETH		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 08	entribution ID#	Amount of Contribution
Residential Street Address 311 Grieb Rd		City Wallingford		State CT	Zip Code 06492	Date Re 06/23	eceived 3/2010	
Principal Occupation TEACHER		Name of Employer TOWN OF WALLINGFORD		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name CROWLEY	First Name MARGARE	et .	MI M	Cash	contribution: X Personal Character Credit/Debit	neck 08	entribution ID #	Amount of Contribution
Residential Street Address 10 Island View Ave		City Branford		State CT	Zip Code 06405	Date Re 06/24	eceived 4/2010	
Principal Occupation HOUSEWIFE		Name of Employer N/A		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name CERVONE	First Name VINCENT		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 08	entribution ID #	Amount of Contribution
Residential Street Address 1 Wheatfield Dr		City Wallingford		State CT	Zip Code 06492	Date Re 06/24	eceived 4/2010	
Principal Occupation ATTORNEY		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE									FILING	DUE DATE
Farrell For CT									Origina	al 07/12/2010
		B. Itemiz	zed Contributio	ons from	Individu	ıals				
Last Name KELLY	First Name KEVIN			мі В	Cash	contribution: Personal y Order X Credit/Do		Contributi 0803	on ID#	Amount of Contribution
Residential Street Address 37 Fairlawn Dr		City North Haven			State CT	Zip Code 06473		Date Received		
Principal Occupation PURCHASING AGENT		Name of Employe				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name TENEDINE	First Name JOSEPH			MI	Cash	contribution: X Personal y Order Credit/Do		Contributi 0814	on ID#	Amount of Contribution
Residential Street Address 170 Kings Hwy		City North Haven			State CT	Zip Code 06473		Date Received 06/25/201		
Principal Occupation		Name of Employe	er		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name COCCHIOLA	First Name CARMEN			MI	Cash	contribution: X Personal y Order Credit/Do		Contributi	on ID#	Amount of Contribution
Residential Street Address 24102 Town Walk		City Hamden			State CT	Zip Code 06518		Date Received 06/25/201		
Principal Occupation ACCOUNTANT		Name of Employe	er CRETE PRODUCT	ΓS, INC		Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name SASS, JR	First Name EDWARD			MI P	Cash	contribution: X Personal y Order Credit/Do		Contributi 0805	on ID#	Amount of Contribution
Residential Street Address 177 Mapleview Rd		City Wallingford			State CT	Zip Code 06492		Date Received 06/25/201		
Principal Occupation APPRAISER		Name of Employe	er ISAL SERVICE			Is this contribution assoc fundraising event listed i If yes, list Event #		J12 L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	al 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name CROWLEY	First Name EDWARD		MI J	Cash	contribution: X Personal Cl y Order	heck 0818	ution ID#	Amount of Contribution
Residential Street Address 60 Maple St Unit 32		City Branford		State CT	Zip Code 06405	Date Receiv 06/25/20		
Principal Occupation ASSISTANT GENERAL MANAGER		Name of Employer DICHELLO DISTRIBUTORS			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	\$100.00	\$100.00
Last Name YASENSKY	First Name NATALIE		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0807	ution ID#	Amount of Contribution
Residential Street Address 20 Madison Ave		City Wallingford		State CT	Zip Code 06492	Date Receiv 06/26/20		
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	\$20.00	\$20.00
Last Name OLESVLIEWICE	First Name LAUREN		MI	Cash	contribution: Personal Cl y Order Credit/Deb	heck 0827	ution ID#	Amount of Contribution
Residential Street Address 219 Brewster St Apt B		City Bridgeport		State CT	Zip Code 06603	Date Receiv		
Principal Occupation STUDENT		Name of Employer N/A		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	sibutions \$100.00	\$100.00
Last Name ZALETA	First Name SAMANTH	HA	MI	Method of Cash Money	contribution: Personal Cl y Order Credit/Deb	heck 0828	ution ID#	Amount of Contribution
Residential Street Address 25 Lewis Dr		City Fairfield		State CT	Zip Code 06825	Date Receiv 06/28/20		
Principal Occupation STUDENT		Name of Employer N/A			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	ibutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	ILING D	UE DATE
Farrell For CT							Oı	riginal (07/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name SIMON	First Name ROBERT		MI P	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck C	Contribution ID	D#	Amount of Contribution
Residential Street Address 80 Meadowbrook Pl		City Cheshire		State CT	Zip Code 06410		Received 28/2010		
Principal Occupation ACCOUNTANT		Name of Employer DICHELLO DISTRIBUTORS, I	NC.	•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	te Contributions \$100.		\$100.00
Last Name RUSSO	First Name ALAN		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	D #	Amount of Contribution
Residential Street Address 124 Mapleview Rd		City Wallingford		State CT	Zip Code 06492		Received 28/2010		
Principal Occupation BUSINESSMAN		Name of Employer CARE MANAGERS			Is this contribution associate fundraising event listed in State of the If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contributions \$100.		\$100.00
Last Name MACKENZIE	First Name KEN		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck C	Contribution ID	D#	Amount of Contribution
Residential Street Address 21 Angela Dr		City Wallingford		State CT	Zip Code 06492		Received 28/2010		
Principal Occupation		Name of Employer UNITED CONCRETE			Is this contribution associate fundraising event listed in State If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	te Contributions \$100.		\$100.00
Last Name MCCUTCHEON	First Name SHARON		MI N	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	D#	Amount of Contribution
Residential Street Address 8 Midlands Dr		City Avon		State CT	Zip Code 06001		Received 28/2010		
Principal Occupation TEACHER		Name of Employer HARTFORD BOA			Is this contribution associal fundraising event listed in S If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contributions \$100.		\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Farrell For CT							Origin	nal 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name RONAN	First Name EDWARD		MI J	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 08	ntribution ID#	Amount of Contribution
Residential Street Address 10 Colonial Pl		City West Haven		State CT	Zip Code 06516	Date Re 06/28	eceived 3/2010	
Principal Occupation RETIRED		Name of Employer N/A		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name FAENZA, SR	First Name ANGELO		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 08	ntribution ID#	Amount of Contribution
Residential Street Address 893 Farmington Ave Unit 3B		City West Hartford		State CT	Zip Code 06119	Date Re 06/29	eceived 9/2010	
Principal Occupation LIQUOR CONTROL COMMISSIONER		Name of Employer STATE OF CT			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name DE BARBIERI	First Name PATRICIA		MI	Cash	contribution: X Personal Character Credit/Debit	neck 08	ntribution ID#	Amount of Contribution
Residential Street Address 15 Northwood Rd		City Madison		State CT	Zip Code 06443-1668	Date Re	eceived 9/2010	
Principal Occupation PROCESSOR		Name of Employer SCSU		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name BAKER	First Name ROSEMAR	RY	MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 08	ntribution ID#	Amount of Contribution
Residential Street Address 96 Buckingham Ave		City West Springfield		State MA	Zip Code 01089	Date Re 06/29	eceived 9/2010	
Principal Occupation COMPLIANCE DIRECTOR		Name of Employer MASS MUTUAL			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	ILING	DUE DATE
Farrell For CT							O	riginal	1 07/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name SIENKO	First Name JOHN		MI N	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution ID)#	Amount of Contribution
Residential Street Address 28 Stoney Brook Rd		City Wallingford		State CT	Zip Code 06492		Received 29/2010		
Principal Occupation OPTOMETRIST		Name of Employer WALLINGFORD EYE CENTER,	PC	•	Is this contribution associat fundraising event listed in S If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.		\$100.00
Last Name GAETANO	First Name KEVIN		MI M	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck	Contribution ID)#	Amount of Contribution
Residential Street Address 271 S Main St		City Wallingford		State CT	Zip Code 06492-4602		Received 29/2010		
Principal Occupation		Name of Employer DICHELLO DIST		•	Is this contribution associat fundraising event listed in S If yes, list Event #		X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.		\$100.00
Last Name CHAPIN	First Name CLARK		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution ID)#	Amount of Contribution
Residential Street Address 105 Chapin Rd		City New Milford		State CT	Zip Code		Received 30/2010		
Principal Occupation		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$50.		\$50.00
Last Name DOHERTY	First Name JOHN		MI F	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution ID)#	Amount of Contribution
Residential Street Address 13A Pilgrim's Hbr		City Wallingford		State CT	Zip Code 06492		Received 30/2010		
Principal Occupation RETIRED		Name of Employer N/A			Is this contribution associat fundraising event listed in S If yes, list Event #		Ye x No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$25.		\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Farrell For CT							Ori	iginal 07/12/2010
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name DOHERTY	First Name ELAINE		MI P	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution ID :	# Amount of Contribution
Residential Street Address 13A Pilgrim's Hbr		City Wallingford		State CT	Zip Code 06492		te Received /30/2010	
Principal Occupation FITNESS INSTRUCTOR		Name of Employer WALLINGFORD YMCA		•	Is this contribution associa fundraising event listed in If yes, list Event #		? Yes	s -
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributions \$25.0	90 \$25.00
Last Name PACHECO	First Name RITA		MI D	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution ID : 0826	# Amount of Contribution
Residential Street Address 17 Wadsworth La		City Wallingford		State CT	Zip Code 06492		te Received /30/2010	
Principal Occupation		Name of Employer QUINNIPIAC UNIVERSITY		•	Is this contribution associa fundraising event listed in If yes, list Event #		? Yes	3
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributions \$50.0	\$50.00
Last Name DEANE	First Name PETER		MI E	Cash	contribution: X Personal Conder Credit/Deb	heck	Contribution ID :	# Amount of Contribution
Residential Street Address 22 Franks Way		City Madison		State CT	Zip Code 06443-2054		te Received /30/2010	
Principal Occupation GENERAL MANAGER		Name of Employer DICHELLO DISTRIBUTORS, 1	INC	•	Is this contribution associa fundraising event listed in If yes, list Event #		? Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributions \$100.0	\$100.00
							Total of Section	on B \$21,055.00
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Section	ons A & B	(Total on Line 14	of Summa	ary Page)	\$21,055.00

1. !	MONE	TA	RY RECEIP	TS (S	ection A-I)			
NAME OF COMMITTEE							FILING	DUE DATE
Farrell For CT							Original	07/12/2010
C1. Co	ntributi	ons	from Other Co	ommi	ttees			
Name of Committee					Name of Treasurer			
Address			Is this contribution a fundraising event			Yes If yes, list Event	#	Amount of Contribution
City	State	Zip	Code	Date R	eceived	Aggregate Contributions		
						Total of S	Section C1	

I. MONETA	ARY RECE	EIPTS (Section	A-I)		
NAME OF COMMITTEE				FILIN	NG DUE DATE
Farrell For CT				Origi	nal 07/12/2010
C2. Reimbursemen	ts or Payme	ents from other Co	ommittees		
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		
	l		Total of Section	n C2	

	I. MONETARY RECEIPTS (Section	on A-K)				
NAME OF COMMITTEE					FILING	DUE DATE
Farrell For CT					Origina	1 07/12/2010
	D. Loans Received this Period					
Name of Lender		_		Source of Loan:	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
				Total of	Section D	

	I. MONETA	ARY RECEIF	PTS (Section A-I)							
NAME OF COMMITTEE					FILING DUE DATE					
Farrell For CT					Original 07/12/2010					
	E. Personal Funds of the Candidate Received this Period									
Date Received	Amount	Method of Payment	t Cash	Personal Check	Credit/Debit Card					
	Total of Section E									

	I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	FILING DUE DATE										
Farrell For CT					Original 07/12/2010						
	F. Anonymous Contributions										
Date Received	Amount										

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

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE			FILING DUE DATE								
Farrell For CT			Original 07/12/2010								
H. Public Grant Fu											
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount								
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election										
		Total of Section	н								

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE				FILI	NG DUE DATE					
Farrell For CT				Origi	nal 07/12/2010					
I. Miscellaneous Mond	etary Receipts not Considered Contribu	tions	·							
Name			saction		Amount Received					
Street Address	City	State	Zip Code							
Description										
Total of Section I										

	II. FUNDRAISING	G EVENT ACTIVITY						
NAME OF COMMIT	TEE					FILING	DUE 1	DATE
Farrell For CT						Original (07/12	/2010
	J1. Fundra	ising Event Information						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
Was this fundraising event ho	osted at a personal residence?		Yes		No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No			
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes		No			

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE						FILING	G DUE DATE			
Farrell For CT Original										
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI !	Method of payment: Cash Per	it Card	Aggregate Amount of Purchases					
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		
Farrell For CT							Origin	al 07/12/2010		
J3. In-Kii	nd Donations Not Considered Contribut	ions								
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation		
Street Address	City		State	Zip	Code	Aggregate value for this even				
Description of Donation		Date	Receive	ed .	Event#					
						Total of Se	ction J3			

	III. N	ON	MO	NETARY RECEIPTS								
NAME OF COMMITTEE								FILING I	DUE DATE			
Farrell For CT								Original	07/12/2010			
	K. Iı	n-Ki	ind (Contributions								
Name							Date Receiv	ed	Fair Market Value of this Contribution			
Street Address		Ci	ity		State	Zip Code						
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:	E .:			nich branch or branches of			Yes No Legislative	
Is this contribution associated with a fundi listed in Section J1? If yes, list Event#	raising event Y	'es Io	Desc	cription of In-Kind Contribution			Aggregate contr	ributions				
							Total of	f Section K				

III. Non Monetary Receipts											
NAME OF COMMITTEE							FILING DUE DATE				
Farrell For CT	Original 07/12/2010										
L. Refundable Deposit to Telephone Company											
Last Name (Individuals Only)	First Name	First Name			Date Received		Amount of Deposit				
Street Address	City	City									
Name of Telephone company											
Street Address		City			State	Zip Code					
	L										

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE				FIL	LING DUE DATE						
Farrell For CT				Ori	ginal 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	f Donation										
Total of Section M											

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee TD Bank				Date of Payment 04/05/2010	Method of Paye	ment	Amount
Street Address Main Street Description	City Wallingford	State CT	Zip Code 06492	Purpose of Expenditure	X Debit Car	rd	
bank fee for credit card					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$22.65
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				04/05/2010	Check #		
Street Address Main Street	City	State CT	Zip Code 06492	Purpose of Expenditure BNK	X Debit Car	rd	
Description bank fee for credit card	Wallingford	Ci	00492	Бик	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Iame		Office Sought			\$7.70
Name of Payee Campaign CT, LLC			_	Date of Payment 04/07/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1020		
PO Box 24	Northford	СТ	06472	CNSLT	Debit Car	^r d	
Description consulting					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	Iame		Office Sought			\$4,920.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
TD Bank	 	1	1	04/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	V Dung		
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	rd .	
Description bank fee for credit card					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Vame		Office Sought			
X No							\$1.10
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Adamos Garage				04/12/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1021		
Center Street	Wallingford	СТ	06492	TRVL	Debit Car	d	
Description					Event #		
gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Vame		Office Sought			
Yes X No							\$658.59
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				04/26/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	rd	•
Description					Event #		
bank fee for credit card							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$100.00
No No							i

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	nent	Amount
TD Bank		l	I	04/26/2010	Check #		
Street Address	City	State CT	Zip Code 06492	Purpose of Expenditure BNK	X Debit Car	d	
Main Street	Wallingford	CI	00492	DINK	 	<u>. </u>	
Description bank fee for credit card					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
x No							\$2.20
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Raymond Ross				04/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1024</u>		
88 Franklin St	Wallingford	СТ	06492	RCW	Debit Car	d	
Description reimbursement for copies					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$61.48
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Ann Marie Tretler		ι	T	04/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1023		
34 Broadmeadow Rd	Wallingford	СТ	06492	RCW	Debit Car	d	
Description reimbursement for postage					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$132.00
X No							,

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Campaign CT LLC				Date of Payment 04/28/2010	Method of Payı	nent	Amount
Street Address PO Box 24	City Northford	State CT	Zip Code 06472	Purpose of Expenditure CNSLT	1025 Debit Car	d	
Description consulting		ı	!	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,530.00
Name of Payee				Date of Payment	Method of Payr	nent	Amount
Campaign CT				04/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1028</u>		
PO Box 24	Northford	СТ	06472	CNSLT	Debit Car	d	
Description consulting					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			±400.00
X No				T	1		\$400.00
Name of Payee				Date of Payment	Method of Payı	nent	Amount
U.S. Postmaster		<u> </u>		04/28/2010	X Check # 1029		
Street Address	City	State CT	Zip Code 06492	Purpose of Expenditure POST	Debit Car	d	
Main Street Description	Wallingford	<u> </u>	100492	1 001	Event #		
postage					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$2,068.43

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Paya	ment	Amount
New Horizons				04/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1026 Debit Car	·d	
PO Box 919260	Orlando	FL	32891	WEB		u	
Description web site					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$4,242.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				05/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	d	
Description					Event #		
bank fee for credit card							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	•		
which reimbursement is sought? Yes							
X No							\$37.59
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				05/04/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	rd	
Description					Event #		
bank fee for credit card							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	other Candidate(s) N	lame		Office Sought			
Yes							\$2.20
X No							Ψ2.20

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Ann Marie Tretler				Date of Payment 05/10/2010	Method of Payr	ment	Amount
Street Address	City	State CT	Zip Code 06492	Purpose of Expenditure	1032 Debit Car	ď	
34 Broadmeadow Rd Description reimbursement postage	Wallingford	Ci	00492	RCW	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Vame		Office Sought			\$88.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Campaign Consulting LLC	Г		ı	05/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1038		
PO Box 24	Northford	СТ	06472	CNSLT	Debit Car	d	
Description consulting					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,425.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Raymond Ross	Γ		1	05/10/2010	X Check #		
Street Address	City	State CT	Zip Code 06492	Purpose of Expenditure RCW	1039 Debit Car	rd	
88 Franklin St	Wallingford	СТ	00492	RCW	 	-	
Description reimbursement office supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$339.69
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				05/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	V Dura		
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	d	
Description fee for check reorder					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$30.03
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Simko Printing				05/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1037</u>		
PO Box 136	Cromwell	СТ	06416	PRNT	Debit Car	d	
Description printing					Event #		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	Vame		Office Sought			
which reimbursement is sought? Yes No							\$2,044.93
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Julius Musso				05/18/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1040		
812 N Farms Rd	Wallingford	СТ	06492	REF	Debit Car	rd	
Description Refundalready had given \$100					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			\$100.00
x No							l ' ' ' ' '

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
TD Bank				05/19/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	ed.	
Main Street	Wallingford	СТ		BNK	 	·u	
Description Bank fee for credit card payment					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$3.30
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				05/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	rd	
Description bank fee for credit card					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$2.64
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				05/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	rd	
Description bank fee for credit card					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	I		\$3.30
X No							I \$3.30

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee U.S. Postmaster				Date of Payment 05/25/2010	Method of Payr	ment	Amount
Street Address Main Street	City	State CT	Zip Code 06492	Purpose of Expenditure POST	1042 Debit Car	rd	
Description postage	Wallingford	<u>C1</u>	00492	<u> </u> 031	Event #	-	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$70.40
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Campaign CT LLC	<u> </u>		ı	05/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1043		
PO Box 24	Northford	СТ	06472	CNSLT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No					•		\$1,335.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Farrell, Leslie & Grochowski	Γ		1	05/27/2010	X Check #		
Street Address	City	State	Zip Code 06492	Purpose of Expenditure	1041 Debit Car	rd.	
375 Center St	Wallingford	СТ	00492	OFFICE	 	u	
Description reimbursement for envelopes and labels					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$101.52
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Donald Crouch		Ι		06/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1044 Debit Car	d	
28 William St	Wallingford	СТ	06492	WEB		d	
Description reimbursement fee for website					Event #		
reimbursement ree for website							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$24.95
X No							
Name of Payee				Date of Payment	Method of Payı	ment	Amount
TD Banks				06/01/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	d	
Description					Event #		
bank fee for credit card							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought	<u> </u>		
which reimbursement is sought?	······································						
Yes X No							\$2.20
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				06/02/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	d	
Description					Event #		
Bank fee for credit card							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes							\$2.20
X No							,

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Caterina DiNatale				Date of Payment 06/02/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1045		
35R Catherine Dr	Durham	СТ	06422	REF	Debit Car	ď	
Description	•		ł	•	Event #		
refund gave over \$100							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Vame		Office Sought			
X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Robert Barrieau				06/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1046</u>		
338 N Quaker Ln	West Hartford	СТ	06119	REF	Debit Car	d	
Description				•	Event #		
refund gave over \$100							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Name		Office Sought			
Yes X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank				06/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Main Street	Wallingford	СТ		BNK	X Debit Car	d	
Description					Event #		
Bank Fee for credit card							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$16.51
No No							i e e e e e e e e e e e e e e e e e e e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Patton Enterprises				Date of Payment 06/04/2010	Method of Paye	ment	Amount
Street Address 73 Belle Woods Dr	City Glastonbury	State	Zip Code 06033	Purpose of Expenditure	1033 Debit Car	rd	
Description consulting	,	1	•	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$1,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank			T	06/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.1	
Main Street	Wallingford	СТ	06492	BNK		u	
Description Bank fee for credit card					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Vame		Office Sought			
X No							\$2.20
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Campaign CT LLC		l	T	06/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1034 Debit Car	rd.	
PO Box 24	Northford	СТ	06472	CNSLT	_	u	
Description consulting					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$1,615.00
X No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank	<u></u>		I	06/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
Main Street	Wallingford	СТ	06492	BNK	X Debit Car	d	
Description bank fee for credit card					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			#2.20
X No							\$2.20
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Connecticut Network	1		1	06/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1047		
21 Oak St	Hartford	СТ	06106	Misc *	Debit Car	ď	
Description video of convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		\$157.89
X No					<u> </u>		\$137.69
Name of Payee				Date of Payment	Method of Pay	ment	Amount
TD Bank	T		ı	06/29/2010	Check #		
Street Address	City	State	Zip Code 06492	Purpose of Expenditure	X Debit Car	·d	
Main Street	Wallingford	СТ	00492	BNK	 	u	
Description bank fee for credit card					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$2.20

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Farrell For CT						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee TD Bank				Date of Payment 06/29/2010	Method of Paya	ment	Amount
Street Address Main Street	City Wallingford	State CT	Zip Code	Purpose of Expenditure	X Debit Car	rd	
Description return check fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$15.00
					Total of Sec	ction N	\$22,770.10

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE .						FILING	DUE DATE
Farrell For CT							Origina	1 07/12/2010
	O. Cam	paign Expenses Paid By Candidat	te					
Name of Payee UPS Store				Date of Payme		Is Reimbu Claimed?	rsement	Amount
——————————————————————————————————————				04/07/201	U	- x Y6	•s	
Street Address RR 5		City Wallingford	State CT	Zip Code 06492		No		
Purpose of Expenditure	Description		·	•	Event #			
PRNT	copies							\$61.48
Name of Payee				Date of Payme	ent	Is Reimbu	rsement	Amount
Gerald E. Farrell Jr.				04/12/201		Claimed?		
Street Address		City		Zip Code		- X Y	es	
54 N Elm St		Wallingford	State CT	06492		No		
Purpose of Expenditure	Description			1	Event #			•
PRNT	reimbursement for printing exp	enses			Event			\$122.96
Name of Payee	-			Date of Payme	ent	Is Reimbu	rsement	Amount
Gerald Farrell Jr				05/04/201		Claimed?		
Street Address		City	State	Zip Code		X Ye	es	
54 N Elm St		Wallingford	CT	06492		No		
Purpose of Expenditure	Description			•	Event #	1		
PRNT	reimbursement for copies							\$245.92
						Total of	Section O	\$430.36

IV. EXPENDITURES								
NAME OF COMMITTEE						FII	FILING DUE DATE	
Farrell For CT					Original 07/12/2010			
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution			Type of Credit C	ard:				
			Visa	Master Card	Discover	Ameri	can	
			Other					
Name of Vendor					Date of Transaction		Amount	
Street Address		City	State	Zip Code				
Purpose of Expenditure	Description		•		Event #			
Total of Section P					ı P			

	IV. EXPE	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Farrell For CT				Original 07	/12/2010	
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period			
Name of Creditor Jerry Farrell Jr			Date Incurred 04/07/2010	Event #		Amount Incurred
Street Address 54 N Elm St		City Wallingford	•	State CT	Zip Code 06492	(Estimate or Actual)
Purpose of Expenditure PRNT	Description copying expenses					
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	tte(s) Name	Office Sought			\$862.48
Name of Creditor Mary Ann Farre	ell		Date Incurred 05/04/2010	Event #		Amount Incurred (Estimate or
Street Address 106 S Whittles	sey Ave	City Wallingford		State CT	Zip Code 06492	Actual)
Purpose of Expenditure POST	Description postage					
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candidate of the candidate of	ate(s) Name	Office Sought			\$1,496.00

IV. EXPENDITURES							
		ENDITUKES					
						FILING DUE DATE	
Farrell For C	Г				Origin	al 07/12/2010	
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period				
Name of Creditor Gerald E. Farre	ell, SR		Date Incurred 05/22/2010	Event #		Amount Incurred	
Street Address 106 S Whittles	sey Ave	City Wallingford	,	State CT	Zip Code 06492	(Estimate or Actual)	
Purpose of Expenditure	Description food for workers convention						
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candida ent is sought?	ate(s) Name	Office Sought			\$328.06	
Name of Creditor Gerald E. Farre	ell, Sr.		Date Incurred 05/22/2010	Event#		Amount Incurred (Estimate or	
Street Address 106 S Whittles	sey Ave	City Wallingford		State CT	Zip Code 06492	Actual)	
Purpose of Expenditure TRVL	Description hotel convention	•		•	•		
Is this expenditure which reimbursement Yes X No	coordinated with another candidate for Other Candida ent is sought?	ate(s) Name	Office Sought			\$201.60	
_				Total o	f Section Q	\$2,888.14	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Farrell For CT					Origin	nal 07/12/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym Check #	nent	Amount
Secondary Payee		Purpose o	f Expenditure	Debit Card	d	
Street Address	City	-	State	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought	•		
Yes No						
				Total of So	ection R	

IV. EXPE	ENDITURES				
NAME OF COMMITTEE				FII	LING DUE DATE
Farrell For CT				Ori	ginal 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	on S	