

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 103

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Friends Of Susan,2010, Inc.</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	<b>James</b>	<b>F</b>	<b>Sullivan</b>			
4. TREASURER ADDRESS						
Street Address			City	State	Zip Code	
<b>41 High Farms Rd</b>			<b>West Hartford</b>	<b>CT</b>	<b>06107</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Attorney General</b>				
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	<b>Susan</b>		<b>Bysiewicz</b>			
9. TYPE OF REPORT						
<b>July 10 Filing - Original</b>						
10. PERIOD COVERED						
Beginning Date		Ending Date				
<b>04/01/2010</b>		thru		<b>06/30/2010</b>		
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>James Sullivan</b>		<b>07/12/2010</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Friends Of Susan,2010, Inc.</b>	Original 07/12/2010	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$345,718.44</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$22,940.00</b>	<b>\$236,985.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$211,146.25</b>
16. Other Monetary Receipts (Section D-1)	<b>\$0.00</b>	<b>\$2,000.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$22,940.00</b>	<b>\$450,131.25</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$368,658.44</b>	<b>\$450,131.25</b>
20. Expenses Paid by Committee (Section N)	<b>\$91,002.34</b>	<b>\$172,475.15</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	<b>\$277,656.10</b>	<b>\$277,656.10</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$35,825.20</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$305.96</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name Delaney	First Name Mary	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0293	Amount of Contribution
Residential Street Address 170 Lakeview Ave .	City Hamden	State CT	Zip Code 06514	Date Received 04/01/2010		
Principal Occupation Admin Assist.	Name of Employer Quinnipiac Univ	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Last Name Koe	First Name Kenneth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0294	Amount of Contribution
Residential Street Address 41 Woodridge Cir	City Gales Ferry	State CT	Zip Code 06335	Date Received 04/02/2010		
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00
Last Name Solomine	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0300	Amount of Contribution
Residential Street Address 5 Fitzgerald Ln	City Branford	State CT	Zip Code 06518	Date Received 04/02/2010		
Principal Occupation Attorney	Name of Employer Parrett Ponzio	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Last Name Cramer	First Name Allan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0264	Amount of Contribution
Residential Street Address 6 Yankee Hill Rd	City Westport	State CT	Zip Code 06880	Date Received 04/05/2010		
Principal Occupation Attorney	Name of Employer Cramer & Ahern	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Meneo</b>	First Name <b>Ron Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0298</b>	Amount of Contribution
Residential Street Address <b>104 Audubon Ct .</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06510</b>	Date Received <b>04/06/2010</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Meneo Law Group</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>	<b>\$500.00</b>
Last Name <b>Colli</b>	First Name <b>George</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0262</b>	Amount of Contribution
Residential Street Address <b>41 Huckleberry Holw</b>	City <b>Suffield</b>	State <b>CT</b>	Zip Code <b>06078</b>	Date Received <b>04/07/2010</b>	
Principal Occupation <b>Real Estate</b>	Name of Employer <b>Chestnut Oak Assoc.</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>	<b>\$500.00</b>
Last Name <b>Genty</b>	First Name <b>Kevin</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0299</b>	Amount of Contribution
Residential Street Address <b>324 Three Mile Crse</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437</b>	Date Received <b>04/08/2010</b>	
Principal Occupation <b>Realtor</b>	Name of Employer <b>Genty, Inc.,</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>	<b>\$500.00</b>
Last Name <b>Seagull</b>	First Name <b>Michelle</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0283</b>	Amount of Contribution
Residential Street Address <b>370 Thompson St</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>04/12/2010</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Axinn, Veltrop &amp; Harkrider LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Post	First Name Connie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0276	Amount of Contribution
Residential Street Address 25 Charles Mary Dr	City Middletown	State CT	Zip Code 06457	Date Received 04/13/2010	
Principal Occupation retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$90.00	\$30.00
Last Name Knickerbocker	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0270	Amount of Contribution
Residential Street Address 10 Colonial Dr	City Bethel	State CT	Zip Code 06801	Date Received 04/14/2010	
Principal Occupation	Name of Employer Town of Bethel	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Rogers	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0281	Amount of Contribution
Residential Street Address 53 Duck Pond Xing	City Plantsville	State CT	Zip Code 06479	Date Received 04/14/2010	
Principal Occupation VP and Senior Large Officer	Name of Employer The Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$500.00
Last Name Makhras	First Name Moufid	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0274	Amount of Contribution
Residential Street Address 104 Baros St	City Fairfield	State CT	Zip Code 06824	Date Received 04/14/2010	
Principal Occupation Manager	Name of Employer Lima Ceramtile	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$250.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Tuck	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0288	Amount of Contribution
Residential Street Address 38 Anderson Rd	City Sherman	State CT	Zip Code 06784	Date Received 04/18/2010	
Principal Occupation Realtor	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$600.00	\$300.00
Last Name Slaughter	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0286	Amount of Contribution
Residential Street Address 1350 Interstate Street NW Ste 700	City Washington	State DC	Zip Code 20005	Date Received 04/19/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Kapelewski	First Name Genevieve	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0295	Amount of Contribution
Residential Street Address 670 Arbutus	City Middletown	State CT	Zip Code 06457	Date Received 04/21/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Lilley	First Name Casey	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0273	Amount of Contribution
Residential Street Address 100 Boulter Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 04/22/2010	
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Connoly	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0296	Amount of Contribution
Residential Street Address 12 Worthington	City New London	State CT	Zip Code	Date Received 04/23/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Dolinsky	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0301	Amount of Contribution
Residential Street Address 73 Scoville Rd .	City West Cornwall	State CT	Zip Code 06796	Date Received 04/26/2010	
Principal Occupation Consultant	Name of Employer Dolinsky Assoc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Cole-Chu	First Name Leeland	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0261	Amount of Contribution
Residential Street Address 300 Hartford Rd	City Salem	State CT	Zip Code 06420	Date Received 04/27/2010	
Principal Occupation Attorney	Name of Employer Kepple, Cole-Chu et al.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Skabardonis	First Name Panagiotis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0285	Amount of Contribution
Residential Street Address 58 Marney Dr	City Middlebury	State CT	Zip Code 06762	Date Received 04/29/2010	
Principal Occupation Pizza Castle	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,000.00	\$2,000.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Baker	First Name Christina	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0258	Amount of Contribution
Residential Street Address 44 John St	City Greenwich	State CT	Zip Code 06831	Date Received 05/04/2010	
Principal Occupation Housewife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Kaplan	First Name Harold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0269	Amount of Contribution
Residential Street Address 970 Arbutus St	City Middletown	State CT	Zip Code 06457	Date Received 05/04/2010	
Principal Occupation Coordinator	Name of Employer Middletown Board of Ed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Donato	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0265	Amount of Contribution
Residential Street Address 48 Ironia Rd	City Mendham	State NJ	Zip Code 07945	Date Received 05/04/2010	
Principal Occupation Research	Name of Employer ICAP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Pothier	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0279	Amount of Contribution
Residential Street Address 402 Farmington Ave .	City Hartford	State CT	Zip Code 06105	Date Received 05/04/2010	
Principal Occupation Researcher	Name of Employer State of CT Dept. of Higher Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Robertson	First Name Carol	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0280	Amount of Contribution
Residential Street Address 20 Fenwick Ave	City Old Saybrook	State CT	Zip Code 06475	Date Received 05/04/2010	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Yolles	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0289	Amount of Contribution
Residential Street Address 124 Maple Ave	City Old Saybrook	State CT	Zip Code 06475	Date Received 05/04/2010	
Principal Occupation Litigation Consultant	Name of Employer Litigation Alternatives	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00	\$375.00
Last Name Kudzy	First Name Lynne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0271	Amount of Contribution
Residential Street Address 303 Sawmill Rd	City Stamford	State CT	Zip Code 06903	Date Received 05/05/2010	
Principal Occupation Marketing	Name of Employer WebMD	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Goldblatt	First Name Mitchell	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0268	Amount of Contribution
Residential Street Address 291 Drummond Rd	City Orange	State CT	Zip Code 06477	Date Received 05/05/2010	
Principal Occupation Director of Human Resources	Name of Employer Town of Guilford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Brown</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0259</b>	Amount of Contribution
Residential Street Address <b>67 Point Beach Dr</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460</b>	Date Received <b>05/05/2010</b>	
Principal Occupation <b>Consultant</b>	Name of Employer <b>New Standard Institute</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Leibert</b>	First Name <b>Richard</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0272</b>	Amount of Contribution
Residential Street Address <b>44 Clifford Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>05/06/2010</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Hunt Leibert Jacobson, P.C.</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>	<b>\$1,000.00</b>
Last Name <b>Babcock</b>	First Name <b>George</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0257</b>	Amount of Contribution
Residential Street Address <b>16 Nicholas Cir</b>	City <b>Wolcott</b>	State <b>CT</b>	Zip Code <b>06716</b>	Date Received <b>05/08/2010</b>	
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>	<b>\$250.00</b>
Last Name <b>Sheffer</b>	First Name <b>Ann</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0284</b>	Amount of Contribution
Residential Street Address <b>17 Stoney Point Rd</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>	Date Received <b>05/08/2010</b>	
Principal Occupation <b>volunteer</b>	Name of Employer <b>none</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$2,000.00</b>	<b>\$2,000.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Schwartz	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0282	Amount of Contribution
Residential Street Address 61 Riverside Ave	City Stamford	State CT	Zip Code 06905	Date Received 05/10/2010	
Principal Occupation attorney	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$250.00
Last Name Cantafio	First Name Armand	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0297	Amount of Contribution
Residential Street Address 24 Brierwood	City Orange	State CT	Zip Code 06477	Date Received 05/11/2010	
Principal Occupation president	Name of Employer Northeast Electronics Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Giannattasio	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0267	Amount of Contribution
Residential Street Address 58 Ridge Rd	City West Haven	State CT	Zip Code 06516	Date Received 05/12/2010	
Principal Occupation Secretary/Treasurer	Name of Employer Milford Barrel Co., Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Brown	First Name Michael V	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0260	Amount of Contribution
Residential Street Address 67 Point Beach Dr	City Milford	State CT	Zip Code 06460	Date Received 05/12/2010	
Principal Occupation Consultant	Name of Employer New Standard Institute	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Raycee	First Name Del	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0291	Amount of Contribution
Residential Street Address 92 Sandy Brook Rd .	City Clinton	State CT	Zip Code 06413	Date Received 05/12/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Gambino	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0266	Amount of Contribution
Residential Street Address 4 Old Mill Rd	City New Milford	State CT	Zip Code 06776	Date Received 05/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Post	First Name Connie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0277	Amount of Contribution
Residential Street Address 25 Charles Mary Dr	City Middletown	State CT	Zip Code 06457	Date Received 05/13/2010	
Principal Occupation retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$120.00	\$30.00
Last Name Collier	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0263	Amount of Contribution
Residential Street Address 134 Victoria Lawn	City Stratford	State CT	Zip Code 06615	Date Received 05/17/2010	
Principal Occupation Finance Director	Name of Employer Town of Stratford, CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Sullivan	First Name Martha	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0287	Amount of Contribution
Residential Street Address 72 Colony Rd	City New Haven	State CT	Zip Code 06511	Date Received 05/18/2010	
Principal Occupation librarian	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Post	First Name Connie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0278	Amount of Contribution
Residential Street Address 25 Charles Mary Dr	City Middletown	State CT	Zip Code 06457	Date Received 06/13/2010	
Principal Occupation retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$30.00
<b>Total of Section B</b>					<b>\$22,940.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					<b>\$22,940.00</b>

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**C1. Contributions from Other Committees**

Name of Committee	Name of Treasurer
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Address	Is this contribution associated with a fundraising event listed in Section J1?	Yes No	If yes, list Event # Amount of Contribution
City	State	Zip Code	Date Received
Aggregate Contributions			

**Total of Section C1**

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**C2. Reimbursements or Payments from other Committees**

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

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

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**D. Loans Received this Period**

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

**Total of Section D**

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

NAME OF COMMITTEE		FILING DUE DATE
Friends Of Susan,2010, Inc.		Original 07/12/2010
<b>E. Personal Funds of the Candidate Received this Period</b>		
Date Received	Amount	Method of Payment Cash                      Personal Check                      Credit/Debit Card
		<b>Total of Section E</b>

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
Friends Of Susan,2010, Inc.					Original 07/12/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE	FILING DUE DATE			
Friends Of Susan,2010, Inc.	Original 07/12/2010			
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution	Date Received	Total Amount Received		
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

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

<b>I. MONETARY RECEIPTS (Section A-K)</b>		
NAME OF COMMITTEE	FILING DUE DATE	
Friends Of Susan,2010, Inc.	Original 07/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>		
Name	Date of Transaction	Amount Received
Street Address	City	
	State      Zip Code	
Description		
<b>Total of Section I</b>		

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Friends Of Susan,2010, Inc.	FILING DUE DATE Original 07/12/2010
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### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? <span style="float: right;">Yes      No</span>					
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <span style="float: right;">Yes      No</span>					
Was this fundraiser a tag sale, auction, or other sale of donated items? <span style="float: right;">Yes      No</span>					

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

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

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

**Total of Section J2**

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

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

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

<b>Total of Section J3</b>	
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**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**K. In-Kind Contributions**

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

**Total of Section K**

**III. Non Monetary Receipts**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**L. Refundable Deposit to Telephone Company**

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

<b>III. NONMONETARY RECEIPTS</b>						
NAME OF COMMITTEE				FILING DUE DATE		
Friends Of Susan,2010, Inc.				Original 07/12/2010		
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>						
Name of Committee			Name of Treasurer			
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation		Purpose of Expenditure				
		A	B	C	D	E
<b>Total of Section M</b>						

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Bar	04/01/2010	<input type="checkbox"/> Check #	
Street Address 254 Crown Street New Hvn	City New Haven	State CT	Zip Code 06511
Purpose of Expenditure FOOD		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$25.00
Crown Street Parking Garage	04/01/2010	<input type="checkbox"/> Check #	
Street Address 213 Crown Street New Hvn	City New Haven	State CT	Zip Code 06511
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$5.00
PC Accounting Solutions, LLC	04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address 191 Old Farms E , Middletown	City Middletown	State CT	Zip Code 06457
Purpose of Expenditure CNSLT		<input type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$650.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	none		
191 Old Farms E , Middletown	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$8.36
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
St Joseph's Polish Society					04/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	none		
395 S Main St	Colchester	CT	06415	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$100.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					04/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	none		
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$540.10
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					04/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$443.88
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					04/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$11.20
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					04/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church Street Rocky HI	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$5.54

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
ExxonMobil					04/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Wilber Cross Parkway	Orange	CT	06477	TRVL		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$43.93
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					04/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
49 Putnam Blvd	Glastonbury	CT	06033	EFV *		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$211.98
Name of Payee					Date of Payment	Method of Payment	Amount
FAS 318 Mart					04/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
105 Washington Ave	North Haven	CT	06473	TRVL		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$43.64

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
United States Treasury					04/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Department of the Treasury, Internal Rev		Cincinnati	OH	45999	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$382.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Administrator Unemployment Compensation					04/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Department of Labor, Employment Securi		Hartford	CT	06104	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$866.07
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					04/09/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06033	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$38.15
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
FAS 313 Mart					04/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
384 Main St	Durham	CT	06422	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$35.01	
Name of Payee					Date of Payment	Method of Payment	Amount
Humphrey's Grille & Bar					04/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1151 Silas Deane Hwy	Wethersfield	CT	06109	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$40.74	
Name of Payee					Date of Payment	Method of Payment	Amount
Cisco Home Products Store					04/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
170 W Tasman Dr	San Jose	CA	95134	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$29.99	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Brainard Road Shell					04/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
131 Brainard Rd	Hartford	CT	06114	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$40.05	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Walmart					04/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
3164 Berlin Tpke	Newington	CT	06111	OFFICE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$59.43	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Associates, LLC					04/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
201 Grand Central Ave	Ripley	WV	25271	CNSLT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Staples				04/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3174 Berlin Tpke	Newington	CT	06111	OFFICE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$35.49
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Ted Doolittle				04/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
84 Walden St	West Hartford	CT	06109	RCW		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$20.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
AT&T				04/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 8110 Aurora	Aurora	IL	60507	OVHD		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,010.81
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Mobil On The Go					04/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
427 S Main St , Middletown	Middletown	CT	06457	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$32.76	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
521 Brimfield Rd	Wethersfield	CT	06109	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					04/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
102 Grennan Rd	West Hartford	CT	06107	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					04/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church Street Rocky HI	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$88.00
Name of Payee					Date of Payment	Method of Payment	Amount
Jimmy J. Tickey					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
6 Coachman's Ln , Shelton	Shelton	CT	06484	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$51.54
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					04/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
194 Woodrow St Apt 2C	West Hartford	CT	06105	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$16.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee Wetherfield Hardware, LLC				Date of Payment 04/16/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 1321 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$4.22
Name of Payee Mobil On The Go				Date of Payment 04/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 427 S Main St	City Middletown	State CT	Zip Code 06067	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$46.02
Name of Payee On-Site Support Services				Date of Payment 04/20/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 2096 Silas Deane Hwy	City Rocky Hill	State CT	Zip Code 06067	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card 0000	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$273.48

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
On-Site Support Services					04/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	0000		
2096 Silas Deane Hwy	Rocky Hill	CT	06067	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$416.63
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
On-Site Support Services					04/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	0000		
2096 Silas Deane Hwy	Rocky Hill	CT	06067	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$273.48
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					04/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	0000		
49 Putnam Blvd	Glastonbury	CT	06033	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$165.65
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
ExxonMobil					04/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
Andis Corp	Wethersfield	CT	06109	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$42.44
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Commissioner of Revenue Services					04/27/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
DRS, State of Connecticut, 25 Sigourney St	Hartford	CT	06102	OVHD			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,050.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
FAS 312 Mart					04/27/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
619 S Main St	Middletown	CT	06457	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$36.92
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Grassmere Sunoco					04/27/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
500 Grassmere Ave ,	Fairfield	CT	06438	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$54.81
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					04/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
49 Putnam Blvd	Glastonbury	CT	06033	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$28.39
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					04/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
49 Putnam Blvd	Glastonbury	CT	06033	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$834.27

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
USPS					04/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$836.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Mobil On The Go					04/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
427 S Main St	Middletown	CT	06457	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$44.89	
Name of Payee					Date of Payment	Method of Payment	Amount
David Donaldson					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
125 Clover St	Middletown	IL	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$190.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					04/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06063	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$51.68
Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
521 Brimfield Rd		Wethersfield	CT	06109	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
Jimmy J. Tickey					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
6 Coachman's Ln , Shelton		Shelton	CT	06484	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3,400.00

### IV. EXPENDITURES

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#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
194 Woodrow St Apt 2C	West Hartford	CT	06105	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,500.00
Name of Payee					Date of Payment	Method of Payment	Amount
2264 SDH,LLC					05/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
c/o Kuzmak-Williams & Assoc., LLC	Rocky Hill	CT	06067	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$600.00
Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
521 Brimfield Rd	Wethersfield	CT	06109	TRVL	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$348.20

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					05/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$892.55	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					05/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$102.10	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jimmy J. Tickey					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
6 Coachman's Ln	Shelton	CT	06484	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$62.70	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
191 Old Farms E	Middletown	CT	06457	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$650.00
Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
191 Old Farms E	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$9.68
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					05/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 8110	Aurora	IL	60507	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$563.43

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Suburban Stationers					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
16 Stack St	Middletown	CT	06457	OFFICE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$565.84	
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					05/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$4.80	
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					05/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$30.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
194 Woodrow St Apt 2C	West Hartford	CT	06105	TRVL	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$41.50
Name of Payee					Date of Payment	Method of Payment	Amount
BuzzMaker, LLC					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
C/O Matt McMillan, 322 Shepherd St NW	Washington	DC	20011	WEB	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$198.00
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					05/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1225 Eye Strret NW Ste 1225	Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,850.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Mobil On The Go					05/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
427 S Main St	Middletown	CT	06457	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$45.39	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
ExxonMobil					05/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
Andis Corp	Wethersfield	CT	06109	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$31.50	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Associates, LLC					05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
201 Grand Central Ave	Ripley	WV	25271	CNSLT			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3,500.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					05/11/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$130.49	
Name of Payee					Date of Payment	Method of Payment	Amount
David Donaldson					05/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
125 Clover St	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$190.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Jimmy J. Tickey					05/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
6 Coachman's Ln	Shelton	CT	06484	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$47.30	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Brainard Road Shell					05/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
131 Brainard Rd	Hartford	CT	06114	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$49.13	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					05/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
521 Brimfield Rd	Wethersfield	CT	06109	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					05/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
194 Woodrow St Apt 2C	West Hartford	CT	06105	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Omar Alam	05/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address 194 Woodrow St Apt 2C	City West Hartford	State CT		Zip Code 06105
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$18.00	
Omar Alam	05/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address 194 Woodrow St Apt 2C	City West Hartford	State CT		Zip Code 06105
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$97.10	
Jimmy J. Tickey	05/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address 6 Coachman's Lan	City Shelton	State CT		Zip Code 06484
Purpose of Expenditure WAGE				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$2,000.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					05/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St		Rocky Hill	CT	06067	POST		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$750.41
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					05/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06033	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$44.74
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					05/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06033	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$214.18
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Staples				05/18/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd	Glastonbury	CT	06033	OFFICE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$44.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Zachary M. van Luling				05/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
521 Brimfield Rd	Wethersfield	CT	06109	RCW		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Mobil On The Go				05/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
427 S Main St	Middletown	CT	06457	TRVL		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$48.12
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Agave Grill					05/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
100 Allyn St	Hartford	CT	06103	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$50.00
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					05/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
32 Church St	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$6.40
Name of Payee					Date of Payment	Method of Payment	Amount
Centerplate					05/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
CT Expo Center, 265 Reverend Moody Over	Hartford	CT	06144	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,892.48

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Barker Specialty					05/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	0000		
27 Realty Dr ,Caller Box 222	Cheshire	CT	06410	A-OTH	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$6,043.89	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jim Cunningham & Associates, LLC					05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	0000		
201 Grand Central Ave	Ripley	WV	25271	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$162.55	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Best Buy					05/26/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	0000		
3377 Berlin Tpke	Newington	CT	06111	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$58.29	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
United States Treasury					05/26/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Department of the Treasury, Internal Rev		Cincinnati	OH	45999	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$642.60
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					05/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd		Glastonbury	CT	06033	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$52.98
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					05/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St		Rocky Hill	CT	06067	POST		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2.75
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
USPS	05/28/2010	<input type="checkbox"/> Check #	
Street Address 32 Church St	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure POST			<input checked="" type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$550.00
Name of Payee	Date of Payment	Method of Payment	Amount
USPS	05/31/2010	<input type="checkbox"/> Check #	
Street Address 32 Church St	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure POST			<input checked="" type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$156.00
Name of Payee	Date of Payment	Method of Payment	Amount
Jimmy J. Tickey	05/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address 6 Coachman's Ln	City Shelton	State CT	Zip Code 06484
Purpose of Expenditure RCW			<input type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$2,000.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					05/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
194 Woodrow St	West Hartford	CT	06105	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$1,500.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					06/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
194 Woodrow St Apt 2C .	West Hartford	CT	06105	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$84.10	
Name of Payee					Date of Payment	Method of Payment	Amount
2264 SDH,LLC					06/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
c/o Kuzmak-Williams & Assoc., LLC	Rocky Hill	CT	06067	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$600.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					06/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
521 Brimfield Rd	Wethersfield	CT	06109	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Wimberley					06/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
355 Interstate Street SW # S622	Washington	DC	20024	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,500.00
Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					06/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
191 Old Farms E	Middletown	CT	06457	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$650.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					06/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 8110		Aurora	IL	60507	OVHD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$543.43
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
PC Accounting Solutions, LLC					06/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>unk</u> <input type="checkbox"/> Debit Card	
191 Old Farms E		Middletown	CT	06457	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$11.07
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					06/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Webster Bank, PO Box 6600		Hagerstown	MD	21740	WEB		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$171.69
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First Data Merchant Services					06/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$37.30	
Name of Payee					Date of Payment	Method of Payment	Amount
Connecticut Network					06/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Capitol Place, 21 Oak St	Hartford	CT	06106	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$31.80	
Name of Payee					Date of Payment	Method of Payment	Amount
CVS Pharmacy					06/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1078 Silas Deane Hwy	Wethersfield	CT	06109	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$10.05	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount	
First Data Merchant Services					06/04/2010	<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought			
<input checked="" type="checkbox"/> No								\$30.00
Name of Payee					Date of Payment	Method of Payment	Amount	
First Data Merchant Services					06/04/2010	<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
Webster Bank, PO Box 6600	Hagerstown	MD	21740	WEB	<input checked="" type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought			
<input checked="" type="checkbox"/> No								\$2.70
Name of Payee					Date of Payment	Method of Payment	Amount	
USPS					06/04/2010	<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
32 Church Street Rocky HI	Rocky Hill	CT	06067	POST	<input checked="" type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought			
<input checked="" type="checkbox"/> No								\$440.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount	
United States Treasury					06/07/2010	<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
Department of the Treasury, Internal Rev	Cincinnati	OH	45999	WAGE	<input checked="" type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name				Office Sought				\$688.50
Name of Payee					Date of Payment	Method of Payment	Amount	
Middletown South Main Irving					06/07/2010	<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
405 S Mian St	Middletown	CT	06457	TRVL	<input checked="" type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name				Office Sought				\$45.41
Name of Payee					Date of Payment	Method of Payment	Amount	
Staples					06/07/2010	<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
49 Putnam Blvd ,	Glastonbury	CT	06033	OFFICE	<input checked="" type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name				Office Sought				\$169.95

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Staples	06/08/2010	<input type="checkbox"/> Check #	
Street Address 49 Putnam Blvd ,	City Glastonbury	State CT	Zip Code 06033
Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$187.94
Name of Payee Gray Brand	Date of Payment 06/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 37 Thompson Hill Rd	City Canton	State CT	Zip Code 06010
Purpose of Expenditure OFFICE		<input type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$250.00
Name of Payee Office Of The Secretary of State	Date of Payment 06/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address ATTN: Blanche H. Reeves-Tucker	City Hartford	State CT	Zip Code 06115
Purpose of Expenditure TRVL		<input type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$61.60

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
BuzzMaker, LLC	06/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address C/O Matt McMillan, 322 Shepherd St NW	City Washington	State DC		Zip Code 20011
Purpose of Expenditure WEB				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$99.00	
ExxonMobil	06/08/2010	<input type="checkbox"/> Check #		
Street Address Andis Corp	City Wethersfield	State CT		Zip Code 06109
Purpose of Expenditure TRVL				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$41.36	
Jimmy J. Tickey	06/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 6 Coachman's Ln	City Shelton	State CT		Zip Code 06484
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$155.80	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Jimmy J. Tickey	06/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 6 Coachman's Ln	City Shelton	State CT		Zip Code 06484
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$364.85	
USPS	06/08/2010	<input type="checkbox"/> Check #		
Street Address 32 Church St	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure POST				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$440.00	
Jim Cunningham & Associates, LLC	06/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 201 Grand Central Ave	City Ripley	State WV		Zip Code 25271
Purpose of Expenditure CNSLT				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$3,500.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Thames Printing Company, Inc.					06/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1 Wisconsin Ave	Norwich	CT	06360	PRNT	2102	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,628.35
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					06/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
194 Woodrow St Apt 2C .	West Hartford	CT	06105	RCW		<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$79.40
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					06/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
49 Putnam Blvd .	Glastonbury	CT		OFFICE		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$440.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee Staples				Date of Payment 06/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 49 Putnam Blvd .	City Glastonbury	State CT	Zip Code	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$58.67
Name of Payee Staples				Date of Payment 06/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 49 Putnam Blvd .	City Glastonbury	State CT	Zip Code	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$87.60
Name of Payee Staples				Date of Payment 06/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 49 Putnam Blvd .	City Glastonbury	State CT	Zip Code	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$184.31

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Staples				06/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd .	Glastonbury	CT		OFFICE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Name of Payee				Date of Payment	Method of Payment	Amount
Andis Corp (Exxon)				06/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Andis	Wethersfield	CT		TRVL		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	
Name of Payee				Date of Payment	Method of Payment	Amount
USPS				06/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 Church St .	Rocky Hill	CT		POST		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Holy Trinity Church				06/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2110</u>	
937 Chase Pkwy	Waterbury	CT		OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$422.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Jimmy Tickey				06/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2111</u>	
6 Coachman's Ln	Shelton	CT		RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$13.10
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
David Killian				06/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2113</u>	
149 Brandy St .	Bolton	CT		RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$10.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
The Hartford	06/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 2907	City Hartford	State CT		Zip Code
Purpose of Expenditure WAGE				2114
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$15.00	
Jimmy J. Tickey	06/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address 6 Coachman's Ln , Shelton	City Shelton	State CT		Zip Code 06484
Purpose of Expenditure WAGE				Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$2,000.00	
Omar Alam	06/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address 194 Woodrow St Apt 2C .	City West Hartford	State CT		Zip Code 06105
Purpose of Expenditure WAGE				Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,500.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Staples					06/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
49 Putnam Blvd , Glastonbury	Glastonbury	CT	06033	OFFICE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$61.67	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					06/15/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
32 Church St .	Rocky Hill	CT		POST			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$704.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
194 Woodrow St Apt 2C	West Hartford	CT	06105	RCW			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$96.80	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
521 Brimfield Rd , Wethersfield	Wethersfield	CT	06109	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
Zachary M. van Luling					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
521 Brimfield Rd , Wethersfield	Wethersfield	CT	06109	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$53.60
Name of Payee					Date of Payment	Method of Payment	Amount
The Vanilla Bean Café					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 206 Pomfret	Pomfret	CT	06258	FOOD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$850.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Laura E. Bartok					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
140 Carriage Rd , Bristol	Bristol	CT	06010	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$300.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					06/17/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
49 Putnam Blvd , Glastonbury	Glastonbury	CT	06033	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$406.25	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					06/18/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
49 Putnam Blvd , Glastonbury	Glastonbury	CT	06033	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$47.55	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					06/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
49 Putnam Blvd , Glastonbury		Glastonbury	CT	06033	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$61.73
Name of Payee					Date of Payment	Method of Payment	Amount
C.B.H. Liquors					06/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2977 Whitney Ave		Hamden	CT	06105	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$60.37
Name of Payee					Date of Payment	Method of Payment	Amount
Whole Foods					06/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
50 Raymond Rd		West Hartford	CT	06105	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$211.97

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Shell Service				06/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Shell Service Station, Hartfor	Hartford	CT	06104	TRVL		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$40.17
Name of Payee				Date of Payment	Method of Payment	Amount
LaCupola Ristorante & Inn				06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
637 Bantum Rd , PO Box 43	Bantam	CT	06750	OVHD		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1,500.00
Name of Payee				Date of Payment	Method of Payment	Amount
Polish National Home of Hartford, Inc.				06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Pulaski Plaza, 60 Charter Oak Ave	Hartford	CT	06106	OVHD		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1,100.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
194 Woodrow St Apt 2C	West Hartford	CT	06105	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$121.00
Name of Payee					Date of Payment	Method of Payment	Amount
Jimmy J. Tickey					06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
6 Coachman's Ln , Shelton	Shelton	CT	06484	TRVL	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$273.40
Name of Payee					Date of Payment	Method of Payment	Amount
David Donaldson					06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
125 Clover St	Middletown	CT	06457	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$190.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
194 Woodrow St Apt 2C .		West Hartford	CT	06105	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$17.94
Name of Payee					Date of Payment	Method of Payment	Amount
Thames Printing Company, Inc.					06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2124</u> <input type="checkbox"/> Debit Card	
1 Wisconsin Ave		Norwich	CT	06360	PRNT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,990.03
Name of Payee					Date of Payment	Method of Payment	Amount
BJ'S Wholesale Club					06/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
1046 N Colony Rd		Wallingford	CT	06492	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$291.01

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Zachary M. van Luling	06/29/2010	<input checked="" type="checkbox"/> Check #		
Street Address 521 Brimfield Rd	City Wethersfield	State CT		Zip Code 06109
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$60.80	
Zachary M. van Luling	06/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 521 Brimfield Rd	City Wethersfield	State CT		Zip Code 06109
Purpose of Expenditure WAGE				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,000.00	
Valeriano Ramos, Jr.	06/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 109 Hampton Rd	City Hamden	State CT		Zip Code 06518
Purpose of Expenditure CNSLT				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$200.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
PC Accounting Solutions, LLC	06/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 191 Old Farms E	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure CNSLT				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$650.00	
PC Accounting Solutions, LLC	06/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 191 Old Farms E	City Middletown	State CT		Zip Code 06457
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$17.36	
Omar Alam	06/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 194 Woodrow St Apt 2C	City West Hartford	State CT		Zip Code 06105
Purpose of Expenditure WAGE				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,500.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Zachary M. van Luling				06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
521 Brimfield Rd	Wethersfield	CT	06109	RCW		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$146.25
Name of Payee				Date of Payment	Method of Payment	Amount
FAS				06/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
313 Martfast 313 Mart	Durham	CT	06422	TRVL		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$34.84
Name of Payee				Date of Payment	Method of Payment	Amount
Jimmy J. Tickey				06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
6 Coachman's Ln ,	Shelton	CT	06484	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$2,000.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
2264 SDH,LLC					06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
c/o Kuzmak-Williams & Assoc	Rocky Hill	CT	06067	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$600.00
Name of Payee					Date of Payment	Method of Payment	Amount
Terry Miggins					06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
17 Lindsay Lane Broad Brk	Broad Brook	CT	06016	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$600.00
Name of Payee					Date of Payment	Method of Payment	Amount
Vazzy's 19th Hole					06/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
2390 Easton Tpke	Fairfield	CT	06457	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,075.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Friends Of Susan,2010, Inc.						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Dave Delaney					06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>unk</u>	
125 Clinton Dr		South Windsor	CT	06825	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes							\$300.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Omair Alam					06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>unk</u>	
194 Woodrow St Apt 2C .		West Hartford	CT	06105	RCW	<input type="checkbox"/> Debit Card	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes							\$121.20
<input checked="" type="checkbox"/> No							
<b>Total of Section N</b>						<b>\$91,002.34</b>	

<b>IV. EXPENDITURES</b>	
NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010
<b>O. Campaign Expenses Paid By Candidate</b>	
Name of Payee	Date of Payment
Street Address	City
Purpose of Expenditure	Description
<b>Total of Section O</b>	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Friends Of Susan,2010, Inc.					Original 07/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card:			
			Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
<b>Total of Section P</b>						

**IV. EXPENDITURES**

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan,2010, Inc.	Original 07/12/2010

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought			
Yes					
No					

**Total of Section Q**

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
PC Accounting Solutions,	04/05/2010	<input checked="" type="checkbox"/> Check # unk		
Secondary Payee	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address 191 Old Farms E	City Middletown	State CT		Zip Code 06457
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$8.36	
Ted Doolittle	04/14/2010	<input checked="" type="checkbox"/> Check # 4/14/2010 12:00:00		
Secondary Payee	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address 84 Walden St	City West Hartford	State CT		Zip Code 06109
Description 84 Walden Street, West Hartford, CT 06107		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$20.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Jimmy J. Tickey	04/16/2010	<input checked="" type="checkbox"/> Check # 4/16/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 6 Coachman's Ln , Shelton	City Shelton	State CT		Zip Code 06484
Description 6 Coachman's Lane, Shelton, CT 06484		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$51.54	
Omar Alam	04/16/2010	<input checked="" type="checkbox"/> Check # 4/16/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 194 Woodrow St Apt 2C	City West Hartford	State CT		Zip Code 06105
Description 194 Woodrow Street, Apt #2C, West Hartford, CT 06105		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$16.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
David Donaldson	04/30/2010	<input checked="" type="checkbox"/> Check # 4/30/2010 12:00:00	
Secondary Payee	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address 125 Clover St , Middletown	City Middletown	State CT	Zip Code 06457
Description 125 Clover Street, Middletown, Ct 06457			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought  \$190.00
David Donaldson	04/30/2010	<input checked="" type="checkbox"/> Check # 4/30/2010 12:00:00	
Secondary Payee	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address 125 Clover St , Middletown	City Middletown	State CT	Zip Code 06457
Description 125 Clover Street, Middletown, Ct 06457			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought  \$190.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
PC Accounting Solutions	05/03/2010	<input checked="" type="checkbox"/> Check # unk		
Secondary Payee	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address 191 Old Farms E	City Middletown	State CT		Zip Code 06457
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			<b>\$9.68</b>	
David Donaldson	05/12/2010	<input checked="" type="checkbox"/> Check # 5/12/2010 12:00:00		
Secondary Payee	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address 125 Clover St	City Middletown	State CT		Zip Code 06457
Description 125 Clover Street		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			<b>\$190.00</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Jimmy J. Tickey	05/13/2010	<input checked="" type="checkbox"/> Check # 5/13/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 6 Coachman's Ln	City Shelton	State CT		Zip Code 06484
Description 6 Coachman's Lane, Shelton		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$47.30	
Omar Alam	05/15/2010	<input checked="" type="checkbox"/> Check # 5/15/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 194 Woodrow St	City West Hartford	State CT		Zip Code 06105
Description 194 Woodrow Street, Apt 2C		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$18.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Omar Alam	05/15/2010	<input checked="" type="checkbox"/> Check # 5/15/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 194 Woodrow St	City West Hartford	State CT		Zip Code 06105
Description 194 Woodrow Street, Apt 2C		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$97.10	
Zachary M. van Luling	05/18/2010	<input checked="" type="checkbox"/> Check # 5/18/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 521 Brimfield Rd	City Wethersfield	State CT		Zip Code 06109
Description 521 Brimfield Road		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$1.50	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Jim Cunningham & Associates, LLC	05/26/2010	<input checked="" type="checkbox"/> Check # 5/26/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 201 Grand Central Ave	City Ripley	State WV		Zip Code 25271
Description 201 Grand Central Avenue		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$162.55	
PC Accounting Solutions	05/26/2010	<input checked="" type="checkbox"/> Check # unk		
Secondary Payee	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address 191 Old Farms E	City Middletown	State CT		Zip Code 06457
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$11.07	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Jimmy J. Tickey	05/31/2010	<input checked="" type="checkbox"/> Check # 5/31/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 6 Coachman's Ln	City Shelton	State CT		Zip Code 06484
Description 6 Coachman's Lane		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$2,000.00	
Omair Alam	06/01/2010	<input checked="" type="checkbox"/> Check # 6/1/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 194 Woodrow St Apt 2C .	City West Hartford	State CT		Zip Code 06105
Description 194 Woodrow Street, Apt 2C.		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$84.10	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Jimmy J. Tickey	06/08/2010	<input checked="" type="checkbox"/> Check # 6/8/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 6 Coachman's Ln , Shelton	City Shelton	State CT		Zip Code 06484
Description 6 Coachman's Lane, Shelton		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$155.80	
Omar Alam	06/08/2010	<input checked="" type="checkbox"/> Check # 6/8/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 194 Woodrow St Apt 2C .	City West Hartford	State CT		Zip Code 06105
Description 194 Woodrow Street, Apt 2C.		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$79.40	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Jimmy J. Tickey	06/08/2010	<input checked="" type="checkbox"/> Check # 6/8/2010 12:00:00	
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 6 Coachman's Ln , Shelton	City Shelton	State CT	Zip Code 06484
Description 6 Coachman's Lane, Shelton			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$364.85
Jimmy Tickey	06/14/2010	<input checked="" type="checkbox"/> Check # 2111	
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$13.10

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
David Killian	06/14/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address	City	State	
Description fuel		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$10.00
Omar Alam	06/16/2010	<input checked="" type="checkbox"/> Check # 6/16/2010 12:00:00	
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 194 Woodrow St Apt 2C .	City West Hartford	State CT	
Description 194 Woodrow Street, Apt 2C. West Hartford, CT 06105		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$96.80

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Zachary M. van Luling	06/16/2010	<input checked="" type="checkbox"/> Check # 6/16/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 521 Brimfield Rd ,	City Wethersfield	State CT		Zip Code 06109
Description 521 Brimfield Road, Wethersfield, CT 06109		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$53.60	
David Donaldson	06/25/2010	<input checked="" type="checkbox"/> Check # 6/25/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 125 Clover St	City Middletown	State CT		Zip Code 06457
Description 125 Clover Street, Middletown, Ct 06457		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$190.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Omar Alam	06/25/2010	<input checked="" type="checkbox"/> Check # 6/25/2010 12:00:00	
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 194 Woodrow St Apt 2C	City West Hartford	State CT	Zip Code 06105
Description 194 Woodrow Street, Apt 2C. West Hartford, CT 06105			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$121.00
Omar Alam	06/25/2010	<input checked="" type="checkbox"/> Check # 6/25/2010 12:00:00	
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 194 Woodrow St Apt 2C	City West Hartford	State CT	Zip Code 06105
Description 194 Woodrow Street, Apt 2C. West Hartford, CT 06105			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$17.94

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
PC Accounting	06/25/2010	<input type="checkbox"/> Check #		
Secondary Payee	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card		
Street Address	City Middletown	State CT		Zip Code 06457
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$17.36	
Zachary M. van Luling	06/29/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee	Purpose of Expenditure TRVL	6/29/2010 12:00:00 <input type="checkbox"/> Debit Card		
Street Address	City Wethersfield	State CT		Zip Code 06109
Description 521 Brimfield Road, Wethersfield, CT 06109				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$60.80	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Friends Of Susan.2010. Inc.	Original 07/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Omar Alam	06/30/2010	<input checked="" type="checkbox"/> Check # 6/30/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 194 Woodrow St Apt 2C .	City West Hartford	State CT		Zip Code 06105
Description 194 Woodrow Street, Apt 2C. West Hartford, CT 06105		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$121.20	
Zachary M. van Luling	06/30/2010	<input checked="" type="checkbox"/> Check # 6/30/2010 12:00:00		
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 521 Brimfield Rd	City Wethersfield	State CT		Zip Code 06109
Description 521 Brimfield Road, Wethersfield, CT 06109		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$146.25	
<b>Total of Section R</b>			<b>\$4,545.30</b>	

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE				FILING DUE DATE
Friends Of Susan,2010, Inc.				Original 07/12/2010
<b>S. Surplus Distribution of Equipment and Furniture</b>				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
<b>Total of Section S</b>				