

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



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Page 1 of 58

**SUMMARY PAGE**

|   |                  |                                    |                  |                   |  |  |
|---|------------------|------------------------------------|------------------|-------------------|--|--|
| 1. NAME OF COMMITTEE  |                  |                                    |                  |                   | 2. TYPE OF COMMITTEE   |  |
| <b>Dean 2010</b>  |                  |                                    |                  |                   | <input checked="checked" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |  |
| 3. TREASURER NAME   |                  |                                    |                  |                   |  |  |
| Title   | First            | MI                                 | Last             | Suffix            |  |  |
|   | <b>Nathaniel</b> | <b>S</b>                           | <b>Schindler</b> |                   |  |  |
| 4. TREASURER ADDRESS  |                  |                                    |                  |                   |  |  |
| Street Address  |                  | City                               |                  | State             | Zip Code   |  |
| <b>23 Taquoshe Pl</b>   |                  | <b>Fairfield</b>                   |                  | <b>CT</b>         | <b>06825</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>Martha</b>    | <b>A.</b>                          | <b>Dean</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="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>Nathaniel Schindler</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>Dean 2010</b>   | Original 07/12/2010     |                       |
|  | COLUMN A<br>This Period | COLUMN B<br>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>\$4,235.35</b>       |                       |
| 14. Contributions received from Individuals (Section A and B)                                | <b>\$21,437.00</b>      | <b>\$25,437.00</b>    |
| 15. Receipts from Other Committees (Sections C1 + C2)  | <b>\$0.00</b>           | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D-I)  | <b>\$0.00</b>           | <b>\$500.00</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>\$21,437.00</b>      | <b>\$25,937.00</b>    |
| 19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B) | <b>\$25,672.35</b>      | <b>\$25,937.00</b>    |
| 20. Expenses Paid by Committee (Section N)   | <b>\$11,838.72</b>      | <b>\$12,103.37</b>    |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )            | <b>\$13,833.63</b>      | <b>\$13,833.63</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>\$1,040.00</b>       | <b>\$1,040.00</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>\$4,362.00</b>       | <b>\$6,181.00</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>\$593.60</b>         |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)               | <b>\$593.60</b>         |                       |

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

|   |   |
|---|---|
| NAME OF COMMITTEE   | FILING DUE DATE                             |
| Dean 2010   | Original 07/12/2010                         |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br>(See instructions for definition of Small Contributor) | <b>Subtotal Section A</b> <b>\$2,212.00</b> |

**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                           |                           |
|--|---|--|--|-------------------------------------|---------------------------|---------------------------|
| Last Name<br>Byrnes  | First Name<br>Gregory                         | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                     | Contribution ID #<br>0007 | Amount of<br>Contribution |
| Residential Street Address<br>33 Division St   | City<br>Greenwich                             | State<br>CT  | Zip Code<br>06830  | Date Received<br>04/08/2010         |                           |                           |
| Principal Occupation<br>Sales/Fundraising  | Name of Employer<br>Woodlawn Foundation, Inc. | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |                                     |                           |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 |                           |                           |
| Last Name<br>Vargas  | First Name<br>Clark                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                     | Contribution ID #<br>0052 | Amount of<br>Contribution |
| Residential Street Address<br>4524 Julington Crk   | City<br>Jacksonville                          | State<br>FL  | Zip Code<br>32258  | Date Received<br>04/08/2010         |                           |                           |
| Principal Occupation<br>Engineer   | Name of Employer<br>C. Vargas & Associates    | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |                                     |                           |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$400.00 |                           |                           |
| Last Name<br>King  | First Name<br>James                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                     | Contribution ID #<br>0054 | Amount of<br>Contribution |
| Residential Street Address<br>PO Box 57  | City<br>Farmington                            | State<br>CT  | Zip Code<br>06034  | Date Received<br>04/12/2010         |                           |                           |
| Principal Occupation<br>Systems  | Name of Employer<br>Self                      | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |                                     |                           |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 |                           |                           |
| Last Name<br>Hopper  | First Name<br>Reed                            | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                     | Contribution ID #<br>0055 | Amount of<br>Contribution |
| Residential Street Address<br>1232 Noel Greene Dr  | City<br>Oak Harbor                            | State<br>WA  | Zip Code<br>98277  | Date Received<br>04/13/2010         |                           |                           |
| Principal Occupation<br>Attorney   | Name of Employer<br>Pacific Legal Foundation  | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |                                     |                           |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 |                           |                           |

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

|                   |                     |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE     |
| Dean 2010         | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |   |  |  |  |                                  |   |
|--|---|--|--|--|----------------------------------|---|
| Last Name<br><b>Wohlert</b>  | First Name<br><b>E. Ross</b>                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0056</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b>   |
| Residential Street Address<br><b>139 Coram Ln</b>  | City<br><b>Orange</b>                                 | State<br><b>CT</b>   | Zip Code<br><b>06477</b>   | Date Received<br><b>04/15/2010</b>           |                                  |   |
| Principal Occupation<br><b>Director - Medical Informatics</b>  | Name of Employer<br><b>Health Net</b>                 | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br><b>\$100.00</b>   |                                  |   |
| Last Name<br><b>Bernier</b>  | First Name<br><b>Normand</b>                          | MI<br><b>J</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0006</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b>   |
| Residential Street Address<br><b>19 S Ridge Rd</b>   | City<br><b>Farmington</b>                             | State<br><b>CT</b>   | Zip Code<br><b>06032</b>   | Date Received<br><b>04/15/2010</b>           |                                  |   |
| Principal Occupation   | Name of Employer<br><b>Retired</b>                    | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br><b>\$100.00</b>   |                                  |   |
| Last Name<br><b>Markle</b>   | First Name<br><b>Robert</b>                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0057</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$2,000.00</b> |
| Residential Street Address<br><b>2655 Prosperity Ave</b>   | City<br><b>Fairfax</b>                                | State<br><b>VA</b>   | Zip Code<br><b>22031</b>   | Date Received<br><b>04/18/2010</b>           |                                  |   |
| Principal Occupation<br><b>Attorney</b>  | Name of Employer<br><b>U.S. Department of Justice</b> | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br><b>\$2,000.00</b> |                                  |   |
| Last Name<br><b>Scoville</b>   | First Name<br><b>William</b>                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0061</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b>   |
| Residential Street Address<br><b>3012 49th St</b>  | City<br><b>Astoria</b>                                | State<br><b>NY</b>   | Zip Code<br><b>11103</b>   | Date Received<br><b>04/21/2010</b>           |                                  |   |
| Principal Occupation<br><b>Lawyer</b>  | Name of Employer<br><b>Milberg LLP</b>                | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br><b>\$100.00</b>   |                                  |   |

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

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### B. Itemized Contributions from Individuals

|  |  |                                      |  |   |  |                                     |                             |                           |
|--|--|--------------------------------------|--|---|--|-------------------------------------|-----------------------------|---------------------------|
| Last Name<br>Reynolds  |  | First Name<br>Christopher            |  | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                     | Contribution ID #<br>0063   | Amount of<br>Contribution |
| Residential Street Address<br>PO Box 586   |  | City<br>Lakeville                    |  | State<br>CT   | Zip Code<br>06039  |                                     | Date Received<br>04/28/2010 |                           |
| Principal Occupation<br>Real estate Partner/Manager  |  | Name of Employer<br>Riverdale Realty |  |   | Is this contribution associated with a<br>fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No                  |                                     |                             |                           |
| Is contributor a principal of a state contractor or prospective<br>state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                      |  | Is contributor a lobbyist, spouse, or<br>dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br>\$100.00 |                             | \$100.00                  |

|   |  |                         |  |   |  |                                       |                             |                           |
|---|--|-------------------------|--|---|--|---------------------------------------|-----------------------------|---------------------------|
| Last Name<br>Crihfield  |  | First Name<br>Ashley    |  | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0064   | Amount of<br>Contribution |
| Residential Street Address<br>6 Ledge Rd  |  | City<br>Old Greenwich   |  | State<br>CT   | Zip Code<br>06870  |                                       | Date Received<br>04/28/2010 |                           |
| Principal Occupation<br>Community Volunteer   |  | Name of Employer<br>N/A |  |   | Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #               |                                       |                             |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                         |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br>\$1,000.00 |                             | \$1,000.00                |

|  |  |                                     |  |  |  |                                     |                           |   |
|--|--|-------------------------------------|--|--|--|-------------------------------------|---------------------------|---|
| Last Name<br>Petri   |  | First Name<br>Allen                 |  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                     | Contribution ID #<br>0026 | Amount of<br>Contribution<br><br><br><br><br><br><br>\$150.00 |
| Residential Street Address<br>432 Hamburg Rd   |  | City<br>Lyme                        |  | State<br>CT  | Zip Code<br>06371  | Date Received<br>04/28/2010         |                           |   |
| Principal Occupation<br>Electronic Tech  |  | Name of Employer<br>Pratt & Whitney |  | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |                                     |                           |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                     |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$150.00 |                           |   |

|   |  |                     |  |    |  |  |  |                           |                                     |                             |  |
|---|--|---------------------|--|----|--|--|--|---------------------------|-------------------------------------|-----------------------------|--|
| Last Name<br>Becket   |  | First Name<br>Peter |  | MI |  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br>0065 |                                     | Amount of Contribution      |  |
| Residential Street Address<br>83 Sharon Rd  |  |                     | City<br>Lakeville                              |    |  | State<br>CT  |  | Zip Code<br>06039         |                                     | Date Received<br>04/29/2010 |  |
| Principal Occupation<br>Business Appraiser  |  |                     | Name of Employer<br>Becket Business Appraisals |    |  | Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #               |  |                           |                                     |                             |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                     |  |    |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |                           | Aggregate Contributions<br>\$100.00 |                             |  |



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

|                   |                     |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE     |
| Dean 2010         | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| Last Name<br><b>Santangelo</b>   | First Name<br><b>Mike</b>                         | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br><b>0068</b>           | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b> |
| Residential Street Address<br><b>220 Straitsville Rd</b>   | City<br><b>Prospect</b>                           | State<br><b>CT</b>   | Zip Code<br><b>06712</b>   | Date Received<br><b>05/18/2010</b>         |   |
| Principal Occupation<br><b>Carpenter</b>   | Name of Employer<br><b>Self</b>                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br><b>\$100.00</b> |   |
|  |   |  |  |  |   |
| Last Name<br><b>Brown</b>  | First Name<br><b>Peter</b>                        | MI<br><b>B</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br><b>0010</b>           | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b> |
| Residential Street Address<br><b>93 Baileyville Rd</b>   | City<br><b>Middlefield</b>                        | State<br><b>CT</b>   | Zip Code<br><b>06455</b>   | Date Received<br><b>05/19/2010</b>         |   |
| Principal Occupation<br><b>Electronics</b>   | Name of Employer<br><b>Yale University</b>        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br><b>\$100.00</b> |   |
|  |   |  |  |  |   |
| Last Name<br><b>Chu</b>  | First Name<br><b>David</b>                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br><b>0075</b>           | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b> |
| Residential Street Address<br><b>15-20 Forest Glen Cir</b>   | City<br><b>Middletown</b>                         | State<br><b>CT</b>   | Zip Code<br><b>06457</b>   | Date Received<br><b>05/23/2010</b>         |   |
| Principal Occupation<br><b>Trade Association Manager</b>   | Name of Employer<br><b>ICPA</b>                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br><b>\$100.00</b> |   |
|  |   |  |  |  |   |
| Last Name<br><b>Lenk</b>   | First Name<br><b>Gary</b>                         | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br><b>0077</b>           | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$250.00</b> |
| Residential Street Address<br><b>52 Glenbrook Rd</b>   | City<br><b>West Hartford</b>                      | State<br><b>CT</b>   | Zip Code<br><b>06107</b>   | Date Received<br><b>05/25/2010</b>         |   |
| Principal Occupation<br><b>Gunsmith</b>  | Name of Employer<br><b>Newington Gun Exchange</b> | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br><b>\$250.00</b> |   |
|  |   |  |  |  |   |

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

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| NAME OF COMMITTEE | FILING DUE DATE     |
| Dean 2010         | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |  |  |  |  |                                  |   |
|--|--|--|--|--|----------------------------------|---|
| Last Name<br><b>Knapp</b>  | First Name<br><b>T William</b>           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0078</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b> |
| Residential Street Address<br><b>171 Collier Rd</b>  | City<br><b>Wethersfield</b>              | State<br><b>CT</b>   | Zip Code<br><b>06109</b>   | Date Received<br><b>05/25/2010</b>         |                                  |   |
| Principal Occupation<br><b>Retired</b>   | Name of Employer<br><b>None</b>          | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br><b>\$100.00</b> |                                  |   |
| Last Name<br><b>May</b>  | First Name<br><b>Susan</b>               | MI   | Method of contribution:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0106</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b> |
| Residential Street Address<br><b>15 Avondale Dr</b>  | City<br><b>Avon</b>                      | State<br><b>CT</b>   | Zip Code<br><b>06001</b>   | Date Received<br><b>05/25/2010</b>         |                                  |   |
| Principal Occupation<br><b>Dentist</b>   | Name of Employer<br><b>Self</b>          | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br><b>\$100.00</b> |                                  |   |
| Last Name<br><b>Rahardjo</b>   | First Name<br><b>Buddy</b>               | MI<br><b>S</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0013</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b> |
| Residential Street Address<br><b>34 Meadow Rdg</b>   | City<br><b>Avon</b>                      | State<br><b>CT</b>   | Zip Code<br><b>06001</b>   | Date Received<br><b>05/25/2010</b>         |                                  |   |
| Principal Occupation   | Name of Employer<br><b>Self-Employed</b> | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br><b>\$100.00</b> |                                  |   |
| Last Name<br><b>Dean</b>   | First Name<br><b>Nancy</b>               | MI<br><b>H</b>   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0016</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b> |
| Residential Street Address<br><b>5 Penny Ln</b>  | City<br><b>Norwich</b>                   | State<br><b>VT</b>   | Zip Code<br><b>05055</b>   | Date Received<br><b>05/26/2010</b>         |                                  |   |
| Principal Occupation<br><b>Artist</b>  | Name of Employer<br><b>None</b>          | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br><b>\$100.00</b> |                                  |   |





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

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

|  |  |   |  |                                       |                           |                           |
|--|--|---|--|---------------------------------------|---------------------------|---------------------------|
| Last Name<br>Zirolli   | First Name<br>Katharine                      | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0025 | Amount of<br>Contribution |
| Residential Street Address<br>76 Tamara Cir  | City<br>Avon                                 | State<br>CT   | Zip Code<br>06001  | Date Received<br>06/02/2010           |                           |                           |
| Principal Occupation   | Name of Employer                             |   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br>\$100.00   |                           |                           |
| \$100.00   |  |   |  |                                       |                           |                           |
| Last Name<br>Duarte  | First Name<br>Eugene                         | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0107 | Amount of<br>Contribution |
| Residential Street Address<br>204 Thompson Rd  | City<br>Avon                                 | State<br>CT   | Zip Code<br>06001  | Date Received<br>06/03/2010           |                           |                           |
| Principal Occupation<br>Financial Advisor  | Name of Employer<br>Merrill Lynch            |   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br>\$100.00   |                           |                           |
| \$100.00   |  |   |  |                                       |                           |                           |
| Last Name<br>Swenson   | First Name<br>Gary                           | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0080 | Amount of<br>Contribution |
| Residential Street Address<br>36 Game Cock Rd  | City<br>Greenwich                            | State<br>CT   | Zip Code<br>06830  | Date Received<br>06/07/2010           |                           |                           |
| Principal Occupation<br>Investment Banking   | Name of Employer<br>Retired                  |   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br>\$1,000.00 |                           |                           |
| \$1,000.00   |  |   |  |                                       |                           |                           |
| Last Name<br>Kelley  | First Name<br>James                          | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0081 | Amount of<br>Contribution |
| Residential Street Address<br>51 High Farms Rd   | City<br>West Hartford                        | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/09/2010           |                           |                           |
| Principal Occupation<br>Claims   | Name of Employer<br>Acadia Insurance Company |   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br>\$100.00   |                           |                           |
| \$100.00   |  |   |  |                                       |                           |                           |

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**B. Itemized Contributions from Individuals**

|  |                                 |   |  |  |                                  |   |
|--|---------------------------------|---|--|--|----------------------------------|---|
| Last Name<br><b>Morten</b>   | First Name<br><b>Stanley</b>    | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0082</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$1,000.00</b> |
| Residential Street Address<br><b>290 Sasco Hill Rd</b>   | City<br><b>Fairfield</b>        | State<br><b>CT</b>  | Zip Code<br><b>06824</b>   | Date Received<br><b>06/10/2010</b>           |                                  |   |
| Principal Occupation<br><b>Consultant/Investor</b>   | Name of Employer<br><b>Self</b> | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br><b>\$1,000.00</b> |                                  |   |
|  |                                 |   |  |  |                                  |   |
| Last Name<br><b>Randall</b>  | First Name<br><b>Kathleen</b>   | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0031</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b>   |
| Residential Street Address<br><b>135 Northington Dr</b>  | City<br><b>Avon</b>             | State<br><b>CT</b>  | Zip Code<br><b>06001</b>   | Date Received<br><b>06/10/2010</b>           |                                  |   |
| Principal Occupation   | Name of Employer                | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <b>06102010a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br><b>\$100.00</b>   |                                  |   |
|  |                                 |   |  |  |                                  |   |
| Last Name<br><b>May</b>  | First Name<br><b>Susan</b>      | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0035</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b>   |
| Residential Street Address<br><b>15 Avondale Dr</b>  | City<br><b>Avon</b>             | State<br><b>CT</b>  | Zip Code<br><b>06001</b>   | Date Received<br><b>06/10/2010</b>           |                                  |   |
| Principal Occupation<br><b>Dentist</b>   | Name of Employer<br><b>Self</b> | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <b>06102010a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br><b>\$200.00</b>   |                                  |   |
|  |                                 |   |  |  |                                  |   |
| Last Name<br><b>Malkin</b>   | First Name<br><b>Robert</b>     | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0108</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$75.00</b>    |
| Residential Street Address<br><b>19 Steeplechase</b>   | City<br><b>Avon</b>             | State<br><b>CT</b>  | Zip Code<br><b>06001</b>   | Date Received<br><b>06/10/2010</b>           |                                  |   |
| Principal Occupation   | Name of Employer                | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <b>06102010a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br><b>\$75.00</b>    |                                  |   |
|  |                                 |   |  |  |                                  |   |



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

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### B. Itemized Contributions from Individuals

|  |  |                                    |  |  |  |  |                                    |                        |
|--|--|------------------------------------|--|--|--|--|------------------------------------|------------------------|
| Last Name<br><b>Ronstrom</b>   |  | First Name<br><b>Robert</b>        |  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0084</b>   | Amount of Contribution |
| Residential Street Address<br><b>6 Pickney Ave</b>   |  | City<br><b>Plainville</b>          |  | State<br><b>CT</b>   | Zip Code<br><b>06062</b>   |  | Date Received<br><b>06/16/2010</b> |                        |
| Principal Occupation<br><b>Retired</b>   |  | Name of Employer<br><b>Retired</b> |  |  | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No                     |  |                                    |                        |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                                    |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br><br><b>\$100.00</b> |                                    | <b>\$100.00</b>        |

|  |  |                             |  |   |  |                                     |                           |   |
|--|--|-----------------------------|--|---|--|-------------------------------------|---------------------------|---|
| Last Name<br>Lathrop   |  | First Name<br>Charles       |  | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                     | Contribution ID #<br>0046 | Amount of<br>Contribution<br><br><br><br><br><br><br><br><br><br>\$200.00 |
| Residential Street Address<br>100 Randall Rd   |  | City<br>Lebanon             |  | State<br>CT   | Zip Code   | Date Received<br>06/17/2010         |                           |   |
| Principal Occupation<br>Farmer   |  | Name of Employer<br>Retired |  |   | Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event #               |                                     |                           |   |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br>\$200.00 |                           |   |

|   |  |                      |  |    |   |                   |  |                                     |                           |          |                           |
|---|--|----------------------|--|----|---|-------------------|--|-------------------------------------|---------------------------|----------|---------------------------|
| Last Name<br>Kafka  |  | First Name<br>Denise |  | MI | Method of contribution:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Money Order  |                   | <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card   |                                     | Contribution ID #<br>0047 |          | Amount of<br>Contribution |
| Residential Street Address<br>61 Lord Davis Ln  |  |                      | City<br>Avon   |    | State<br>CT   | Zip Code<br>06001 |  | Date Received<br>06/18/2010         |                           |          |                           |
| Principal Occupation<br>Editor  |  |                      | Name of Employer<br>Lexigram Corporate Communication |    |   |                   | Is this contribution associated with a fundraising event listed in Section J1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, list Event # |                                     |                           |          |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                      |  |    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |  | Aggregate Contributions<br>\$100.00 |                           | \$100.00 |                           |

|  |  |                    |                             |    |  |  |                                     |                           |
|--|--|--------------------|-----------------------------|----|--|--|-------------------------------------|---------------------------|
| Last Name<br>White   |  | First Name<br>John |                             | MI | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br>0045           | Amount of<br>Contribution |
| Residential Street Address<br>60 Pund Ridge Rd   |  |                    | City<br>Cheshire            |    | State<br>CT  | Zip Code<br>06410  | Date Received<br>06/19/2010         |                           |
| Principal Occupation   |  |                    | Name of Employer<br>Retired |    |  | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No |                                     |                           |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                    |                             |    | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00                  |

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**B. Itemized Contributions from Individuals**

|  |   |  |  |  |                                  |   |
|--|---|--|--|--|----------------------------------|---|
| Last Name<br><b>Matthews</b>   | First Name<br><b>Jeffrey</b>              | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0088</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$2,000.00</b> |
| Residential Street Address<br><b>230 Penfield Rd</b>   | City<br><b>Fairfield</b>                  | State<br><b>CT</b>   | Zip Code<br><b>06824</b>   | Date Received<br><b>06/23/2010</b>           |                                  |   |
| Principal Occupation<br><b>Investments</b>   | Name of Employer<br><b>Self</b>           |  | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No                     |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br><b>\$2,000.00</b> |                                  |   |
|  |   |  |  |  |                                  |   |
| Last Name<br><b>Sargent</b>  | First Name<br><b>Mary</b>                 | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0042</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b>   |
| Residential Street Address<br><b>25 Colony Rd</b>  | City<br><b>West Hartford</b>              | State<br><b>CT</b>   | Zip Code<br><b>06117</b>   | Date Received<br><b>06/24/2010</b>           |                                  |   |
| Principal Occupation   | Name of Employer                          |  | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No                     |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br><b>\$100.00</b>   |                                  |   |
|  |   |  |  |  |                                  |   |
| Last Name<br><b>Kezer</b>  | First Name<br><b>Pauline</b>              | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0095</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b>   |
| Residential Street Address<br><b>47 Owaneco Trl</b>  | City<br><b>Old Saybrook</b>               | State<br><b>CT</b>   | Zip Code<br><b>06475</b>   | Date Received<br><b>06/27/2010</b>           |                                  |   |
| Principal Occupation<br><b>Consultant (Retired)</b>  | Name of Employer<br><b>Self (Retired)</b> |  | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No                     |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br><b>\$100.00</b>   |                                  |   |
|  |   |  |  |  |                                  |   |
| Last Name<br><b>Holub</b>  | First Name<br><b>Eric</b>                 | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |  | Contribution ID #<br><b>0090</b> | Amount of Contribution<br><br><br><br><br><br><br><br><br><br><b>\$100.00</b>   |
| Residential Street Address<br><b>137 Route 37 S</b>  | City<br><b>Sherman</b>                    | State<br><b>CT</b>   | Zip Code<br><b>06784</b>   | Date Received<br><b>06/27/2010</b>           |                                  |   |
| Principal Occupation<br><b>Financial Manager</b>   | Name of Employer<br><b>IBM</b>            |  | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No                     |  |                                  |   |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Aggregate Contributions<br><b>\$100.00</b>   |                                  |   |
|  |   |  |  |  |                                  |   |



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

|                   |                     |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE     |
| Dean 2010         | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |  |   |  |                                       |                           |                        |
|--|--|---|--|---------------------------------------|---------------------------|------------------------|
| Last Name<br>Savin   | First Name<br>David                      | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0102 | Amount of Contribution |
| Residential Street Address<br>65 Sunset Farm Rd  | City<br>West Hartford                    | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/30/2010           |                           |                        |
| Principal Occupation<br>Mang. partner  | Name of Employer<br>Aldin Associates     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 |                           |                        |
| \$1,000.00   |  |   |  |                                       |                           |                        |
| Last Name<br>Amodio  | First Name<br>Jayne                      | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0109 | Amount of Contribution |
| Residential Street Address<br>5 Belgravia Ter  | City<br>Farmington                       | State<br>CT   | Zip Code<br>06032  | Date Received<br>06/30/2010           |                           |                        |
| Principal Occupation<br>Self-Employed  | Name of Employer<br>Self-Employed        | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06302010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                           |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00   |                           |                        |
| \$200.00   |  |   |  |                                       |                           |                        |
| Last Name<br>Gardner   | First Name<br>Bruce                      | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0110 | Amount of Contribution |
| Residential Street Address<br>PO Box 369   | City<br>Windham                          | State<br>CT   | Zip Code<br>06280  | Date Received<br>06/30/2010           |                           |                        |
| Principal Occupation<br>Manager  | Name of Employer<br>State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 |                           |                        |
| \$1,000.00   |  |   |  |                                       |                           |                        |
| Last Name<br>Oberg   | First Name<br>Anne                       | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0112 | Amount of Contribution |
| Residential Street Address<br>20 Clear Brk   | City<br>Farmington                       | State<br>CT   | Zip Code<br>06032  | Date Received<br>06/30/2010           |                           |                        |
| Principal Occupation<br>Community Activist   | Name of Employer<br>None                 | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06302010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                           |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$245.00   |                           |                        |
| \$100.00   |  |   |  |                                       |                           |                        |



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

|                   |                     |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE     |
| Dean 2010         | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                           |                           |
|--|---|---|--|---------------------------------------|---------------------------|---------------------------|
| Last Name<br>Rubino  | First Name<br>Elizabeth                 | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0113 | Amount of<br>Contribution |
| Residential Street Address<br>4 Townsend Rd  | City<br>Farmington                      | State<br>CT   | Zip Code<br>06032  | Date Received<br>06/30/2010           |                           |                           |
| Principal Occupation<br>None   | Name of Employer<br>None                | Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes<br>If yes, list Event # <u>06302010a</u> <input type="checkbox"/> No |  |                                       |                           |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$245.00   |                           |                           |
| \$100.00   |   |   |  |                                       |                           |                           |
| Last Name<br>Strathearn  | First Name<br>Jeanne                    | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0115 | Amount of<br>Contribution |
| Residential Street Address<br>231 Mountain Spg   | City<br>Farmington                      | State<br>CT   | Zip Code<br>06032  | Date Received<br>06/30/2010           |                           |                           |
| Principal Occupation<br>Dentist  | Name of Employer<br>Self-Employed       | Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes<br>If yes, list Event # <u>06302010a</u> <input type="checkbox"/> No |  |                                       |                           |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$195.00   |                           |                           |
| \$50.00  |   |   |  |                                       |                           |                           |
| Last Name<br>Schiff  | First Name<br>Peter                     | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0114 | Amount of<br>Contribution |
| Residential Street Address<br>2 W Branch Rd  | City<br>Weston                          | State<br>CT   | Zip Code<br>06883  | Date Received<br>06/30/2010           |                           |                           |
| Principal Occupation<br>President  | Name of Employer<br>Europacific Capitol | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No                  |  |                                       |                           |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$2,000.00 |                           |                           |
| \$2,000.00   |   |   |  |                                       |                           |                           |
| Last Name<br>Leonhardt   | First Name<br>Mary                      | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |                                       | Contribution ID #<br>0111 | Amount of<br>Contribution |
| Residential Street Address<br>198 Talcott Notch Rd   | City<br>Farmington                      | State<br>CT   | Zip Code<br>06032  | Date Received<br>06/30/2010           |                           |                           |
| Principal Occupation<br>None   | Name of Employer<br>None                | Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes<br>If yes, list Event # <input checked="" type="checkbox"/> No                  |  |                                       |                           |                           |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00   |                           |                           |
| \$100.00   |   |   |  |                                       |                           |                           |

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

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### B. Itemized Contributions from Individuals

|  |  |                       |                             |         |   |  |  |                                     |                           |  |                           |  |
|--|--|-----------------------|-----------------------------|---------|---|--|--|-------------------------------------|---------------------------|--|---------------------------|--|
| Last Name<br>Bernier   |  | First Name<br>Normand |                             | MI<br>J | Method of contribution:<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Money Order  |  | <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card |                                     | Contribution ID #<br>0104 |  | Amount of<br>Contribution |  |
| Residential Street Address<br>19 S Ridge Rd  |  |                       | City<br>Farmington          |         | State<br>CT   | Zip Code<br>06032  |  | Date Received<br>06/30/2010         |                           |  |                           |  |
| Principal Occupation<br>None   |  |                       | Name of Employer<br>Retired |         |   | Is this contribution associated with a<br>fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes<br>If yes, list Event # <u>06302010a</u> <input type="checkbox"/> No |  |                                     |                           |  |                           |  |
| Is contributor a principal of a state contractor or prospective<br>state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Is yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                       |                             |         | Is contributor a lobbyist, spouse, or<br>dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  | Aggregate Contributions<br>\$150.00 |                           |  | \$50.00                   |  |

**Total of Section B**

**\$19,225.00**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A & B)

(Total on Line 14 of Summary Page)

**\$21,437.00**

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

|  |       |          |  |                         |                                     |                        |
|--|-------|----------|--|-------------------------|-------------------------------------|------------------------|
| NAME OF COMMITTEE                              |       |          |  |                         | FILING DUE DATE                     |                        |
| Dean 2010                                      |       |          |  |                         | Original 07/12/2010                 |                        |
| <b>C1. Contributions from Other Committees</b> |       |          |  |                         |                                     |                        |
| Name of Committee                              |       |          |  | Name of Treasurer       |                                     |                        |
| Address  |       |          | Is this contribution associated with a fundraising event listed in Section J1? |                         | Yes      If yes, list Event #<br>No | Amount of Contribution |
| City   | State | Zip Code | Date Received  | Aggregate Contributions |                                     |                        |
| <b>Total of Section C1</b>                     |       |          |  |                         |                                     |                        |

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

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

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

**D. Loans Received this Period**

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

**Total of Section D**

|  |   |
|--|---|
| <b>I. MONETARY RECEIPTS (Section A-I)</b>                      |   |
| NAME OF COMMITTEE  | FILING DUE DATE   |
| Dean 2010  | 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>                                      |   |

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

|                                   |            |            |            |       |                     |
|-----------------------------------|------------|------------|------------|-------|---------------------|
| NAME OF COMMITTEE                 |            |            |            |       | FILING DUE DATE     |
| Dean 2010                         |            |            |            |       | 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     |
| Dean 2010         | Original 07/12/2010 |

|   |
|---|
| <b>G. Interest from Deposits in Authorized Accounts</b> |
|---|

|                     |               |                          |
|---------------------|---------------|--------------------------|
| Name of Institution | Date Received | Total Amount<br>Received |
| Street Address      | City          |                          |
|                     | State         | Zip Code                 |

|                           |  |
|---------------------------|--|
| <b>Total of Section G</b> |  |
|---------------------------|--|



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

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

**H. Public Grant Funds Received from the Citizen's Election Fund**

| Purpose of Grant:  | Supplemental/Independent Expenditure                     | Date Received | Amount |
|--|--|---------------|--------|
| Initial  |  |               |        |
| Primary                      General or Special Election | Primary                      General or Special Election |               |        |
| Supplemental/Post Election Deficit                       | Supplemental/Excess Expenditure                          |               |        |
| General or Special Election                              | Primary                      General or Special Election |               |        |
| <b>Total of Section H</b>                                |  |               |        |

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

|  |      |                     |                     |                 |
|--|------|---------------------|---------------------|-----------------|
| NAME OF COMMITTEE  |      |                     | FILING DUE DATE     |                 |
| Dean 2010  |      |                     | 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                | FILING DUE DATE     |
|------------------------|---------------------|
| COMMITTEE<br>Dean 2010 | Original 07/12/2010 |

### J1. Fundraising Event Information

| Fundraising Event #              | Description | Location: Street Address | City        | State | Zip Code |
|----------------------------------|-------------|--------------------------|-------------|-------|----------|
| Date of Fundraiser<br>06/10/2010 | Letter<br>a | Meet and Greet Event     | 5 Ensign Dr | Avon  | CT 06001 |

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

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

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

| Fundraising Event #              | Description | Location: Street Address | City             | State      | Zip Code |
|----------------------------------|-------------|--------------------------|------------------|------------|----------|
| Date of Fundraiser<br>06/30/2010 | Letter<br>a | Meet and Greet Event     | 162 Town Farm Rd | Farmington | CT 06032 |

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

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

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

## II. FUNDRAISING EVENT ACTIVITY

|                   |                     |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE     |
| Dean 2010         | Original 07/12/2010 |

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

|   |            |       |   |               |         |  |                                     |
|---|------------|-------|---|---------------|---------|--|-------------------------------------|
| Name of the Purchaser    Last Name<br><i>(Individuals ONLY)</i> | First Name | MI    | Method of payment:<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div> |               |         |  | Aggregate<br>Amount of<br>Purchases |
| Residential Street Address                                      | City       | State | Zip Code  | Date Received | Event # |  |                                     |
| Items Purchased   |            |       |   |               |         |  |                                     |
| <b>Total of Section J2</b>                                      |            |       |   |               |         |  |                                     |

## II. FUNDRAISING EVENT ACTIVITY

|                   |                     |
|-------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE     |
| Dean 2010         | Original 07/12/2010 |

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

|                            |      |               |          |   |  |                                     |
|----------------------------|------|---------------|----------|---|--|-------------------------------------|
| Name of the Donor          |      |               |          | Donation Given by:<br>Individual      Business Entity |  | Fair Market<br>Value of<br>Donation |
| Street Address             | City | State         | Zip Code | Aggregate value<br>for this event                     |  |                                     |
| Description of Donation    |      | Date Received | Event #  |   |  |                                     |
| <b>Total of Section J3</b> |      |               |          |   |  |                                     |

### III. NONMONETARY RECEIPTS

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

#### K. In-Kind Contributions

|   |  |   |  |                             |                                     |  |
|---|--|---|--|-----------------------------|-------------------------------------|--|
| Name<br>Kostal Nancy  |  |   |  | Date Received<br>06/10/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>31 Rosewood Rd  |  | City<br>Avon  | State<br>CT  | Zip Code<br>06001           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event# <u>06102010a</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>Food and beverages for Fundraiser |                             | Aggregate contributions<br>\$105.00 |  |
| Name<br>Frost Myra  |  |   |  | Date Received<br>06/10/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>355 Country Club Rd   |  | City<br>Avon  | State<br>CT  | Zip Code<br>06001           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event# <u>06102010a</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>Food and Beverages for Fundraiser |                             | Aggregate contributions<br>\$105.00 |  |
| Name<br>Nyklicek Judy   |  |   |  | Date Received<br>06/10/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>20 Ariel Way  |  | City<br>Avon  | State<br>CT  | Zip Code<br>06001           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event# <u>06102010a</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>Food and Beverages for Fundraiser |                             | Aggregate contributions<br>\$105.00 |  |

### III. NONMONETARY RECEIPTS

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

#### K. In-Kind Contributions

|   |  |   |  |                             |                                     |  |
|---|--|---|--|-----------------------------|-------------------------------------|--|
| Name<br>Corbett Portia  |  |   |  | Date Received<br>06/30/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>Mountain Spring Road  |  | City<br>Farmington  | State<br>CT  | Zip Code<br>06032           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event# <u>06302010a</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>Food and Beverages for Fundraiser |                             | Aggregate contributions<br>\$145.00 |  |
|   |  |   |  |                             |                                     | \$145.00                                     |

  

|   |  |   |   |                             |                                     |  |
|---|--|---|---|-----------------------------|-------------------------------------|--|
| Name<br>Rubino Elizabeth  |  |   |   | Date Received<br>06/30/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>4 Townsend Rd   |  | City<br>Farmington  | State<br>CT   | Zip Code<br>06032           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event# <u>06302010a</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>Food and Beverages |                             | Aggregate contributions<br>\$245.00 |  |
|   |  |   |   |                             |                                     | \$145.00                                     |

  

|   |  |   |  |                             |                                     |  |
|---|--|---|--|-----------------------------|-------------------------------------|--|
| Name<br>Oberg Anne  |  |   |  | Date Received<br>06/30/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>20 Clear Brk  |  | City<br>Farmington  | State<br>CT  | Zip Code<br>06032           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event# <u>06302010a</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>Food and Beverage |                             | Aggregate contributions<br>\$245.00 |  |
|   |  |   |  |                             |                                     | \$145.00                                     |

### III. NONMONETARY RECEIPTS

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

#### K. In-Kind Contributions

|   |  |   |  |                             |                                     |  |
|---|--|---|--|-----------------------------|-------------------------------------|--|
| Name<br>Strathearn Jeanne   |  |   |  | Date Received<br>06/30/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>231 Mountain Spg  |  | City<br>Farmington  | State<br>CT  | Zip Code<br>06032           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section II?<br>If yes, list Event# <u>06302010a</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>Food and Beverage |                             | Aggregate contributions<br>\$195.00 |  |
|   |  |   |  |                             |                                     | \$145.00                                     |

  

|   |  |   |   |                             |                                     |  |
|---|--|---|---|-----------------------------|-------------------------------------|--|
| Name<br>Staib Judith  |  |   |   | Date Received<br>06/30/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>43 Diamond Glen Rd  |  | City<br>Farmington  | State<br>CT   | Zip Code<br>06032           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section II?<br>If yes, list Event# <u>06302010a</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>Food and Beverages |                             | Aggregate contributions<br>\$145.00 |  |
|   |  |   |   |                             |                                     | \$145.00                                     |

  

|                           |  |  |  |  |  |                   |
|---------------------------|--|--|--|--|--|-------------------|
| <b>Total of Section K</b> |  |  |  |  |  | <b>\$1,040.00</b> |
|---------------------------|--|--|--|--|--|-------------------|



### III. Non Monetary Receipts

NAME OF COMMITTEE

FILING DUE DATE

Dean 2010

Original 07/12/2010

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )

First Name

MI

Date Received

Amount of  
Deposit

Street Address

City

State

Zip Code

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

### III. NONMONETARY RECEIPTS

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

# IV. EXPENDITURES

|   |          |       |          |                        |                                     |   |          |
|---|----------|-------|----------|------------------------|-------------------------------------|---|----------|
| NAME OF COMMITTEE   |          |       |          |                        |                                     | FILING DUE DATE                             |          |
| Dean 2010   |          |       |          |                        |                                     | Original 07/12/2010                         |          |
| N. Expenses Paid By Committee   |          |       |          |                        |                                     |   |          |
| Name of Payee   |          |       |          |                        | Date of Payment                     | Method of Payment                           | Amount   |
| Khristina Surgeon   |          |       |          |                        | 04/09/2010                          | <input checked="" type="checkbox"/> Check # |          |
| Street Address  | City     | State | Zip Code | Purpose of Expenditure | 1004                                |   |          |
| 160 Adams St  | Hartford | CT    | 06112    | WAGE                   | <input type="checkbox"/> Debit Card |   |          |
| Description   |          |       |          |                        | Event #                             |   | \$294.14 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |          |       |          |                        | Other Candidate(s) Name             |   |          |
| <input type="checkbox"/> Yes  |          |       |          |                        | Office Sought                       |   |          |
| <input checked="" type="checkbox"/> No  |          |       |          |                        |                                     |   |          |
| Name of Payee   |          |       |          |                        | Date of Payment                     | Method of Payment                           | Amount   |
| Staples, Inc.   |          |       |          |                        | 04/14/2010                          | <input checked="" type="checkbox"/> Check # |          |
| Street Address  | City     | State | Zip Code | Purpose of Expenditure | 1005                                |   |          |
| 15 Albany Tpke  | Simsbury | CT    | 06092    | PRNT                   | <input type="checkbox"/> Debit Card |   |          |
| Description   |          |       |          |                        | Event #                             |   | \$142.04 |
| Printed Materials   |          |       |          |                        |                                     |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |          |       |          |                        | Other Candidate(s) Name             |   |          |
| <input type="checkbox"/> Yes  |          |       |          |                        | Office Sought                       |   |          |
| <input checked="" type="checkbox"/> No  |          |       |          |                        |                                     |   |          |
| Name of Payee   |          |       |          |                        | Date of Payment                     | Method of Payment                           | Amount   |
| Malcolm McGough   |          |       |          |                        | 04/14/2010                          | <input checked="" type="checkbox"/> Check # |          |
| Street Address  | City     | State | Zip Code | Purpose of Expenditure | 1006                                |   |          |
| 144 Reverknolls   | Avon     | CT    | 06001    | RCW                    | <input type="checkbox"/> Debit Card |   |          |
| Description   |          |       |          |                        | Event #                             |   | \$474.84 |
| Staples Printed Material  |          |       |          |                        |                                     |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |          |       |          |                        | Other Candidate(s) Name             |   |          |
| <input type="checkbox"/> Yes  |          |       |          |                        | Office Sought                       |   |          |
| <input checked="" type="checkbox"/> No  |          |       |          |                        |                                     |   |          |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|   |  |          |       |          |                        |                 |  |          |
|---|--|----------|-------|----------|------------------------|-----------------|--|----------|
| Name of Payee   |  |          |       |          |                        | Date of Payment | Method of Payment  | Amount   |
| Staples, Inc.   |  |          |       |          |                        | 04/15/2010      | <input checked="" type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card |          |
| Street Address  |  | City     | State | Zip Code | Purpose of Expenditure | <u>1007</u>     |  |          |
| 15 Albany Tpke  |  | Simsbury | CT    | 06092    | OFFICE                 |                 |  |          |
| Description   |  |          |       |          |                        |                 | Event #  | \$93.34  |
| Paper for Printing  |  |          |       |          |                        |                 |  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float:right;">Other Candidate(s) Name      Office Sought</div> <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |          |       |          |                        |                 |  |          |
| Name of Payee   |  |          |       |          |                        | Date of Payment | Method of Payment  | Amount   |
| Khristina Surgeon   |  |          |       |          |                        | 04/28/2010      | <input checked="" type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card |          |
| Street Address  |  | City     | State | Zip Code | Purpose of Expenditure | <u>1008</u>     |  |          |
| 160 Adams St  |  | Hartford | CT    | 06112    | WAGE                   |                 |  |          |
| Description   |  |          |       |          |                        |                 | Event #  | \$349.08 |
|   |  |          |       |          |                        |                 |  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float:right;">Other Candidate(s) Name      Office Sought</div> <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |          |       |          |                        |                 |  |          |
| Name of Payee   |  |          |       |          |                        | Date of Payment | Method of Payment  | Amount   |
| Staples   |  |          |       |          |                        | 04/29/2010      | <input checked="" type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card |          |
| Street Address  |  | City     | State | Zip Code | Purpose of Expenditure | <u>1009</u>     |  |          |
| 15 Albany Tpke  |  | Simsbury | CT    | 06092    | PRNT                   |                 |  |          |
| Description   |  |          |       |          |                        |                 | Event #  | \$142.04 |
| Printed Material  |  |          |       |          |                        |                 |  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float:right;">Other Candidate(s) Name      Office Sought</div> <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |          |       |          |                        |                 |  |          |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|   |  |            |       |          |                        |  |                                  |        |
|---|--|------------|-------|----------|------------------------|--|----------------------------------|--------|
| Name of Payee   |  |            |       |          |                        | Date of Payment                                | Method of Payment                | Amount |
| Edonation   |  |            |       |          |                        | 04/30/2010                                     | <input type="checkbox"/> Check # |        |
| Street Address  |  | City       | State | Zip Code | Purpose of Expenditure |  |                                  |        |
| 117 N Saint Asaph St .  |  | Alexandria | VA    | 22314    | WEB                    | <input checked="" type="checkbox"/> Debit Card |                                  |        |
| Description   |  |            |       |          |                        |  | Event #                          |        |
| On-Line Contributions   |  |            |       |          |                        |  |                                  |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name      Office Sought</div> <div> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No       </div> |  |            |       |          |                        |  |                                  |        |
|   |  |            |       |          |                        |  |                                  |        |
| \$349.08  |  |            |       |          |                        |  |                                  |        |

|  |                         |               |          |                        |                                     |   |          |                              |                         |               |  |  |  |
|--|-------------------------|---------------|----------|------------------------|-------------------------------------|---|----------|------------------------------|-------------------------|---------------|--|--|--|
| Name of Payee  |                         |               |          |                        | Date of Payment                     | Method of Payment                           | Amount   |                              |                         |               |  |  |  |
| EDonation  |                         |               |          |                        | 05/06/2010                          | <input checked="" type="checkbox"/> Check # |          |                              |                         |               |  |  |  |
| Street Address   | City                    | State         | Zip Code | Purpose of Expenditure | <u>1011</u>                         |   |          |                              |                         |               |  |  |  |
| 117 N Saint Asaph St   | Alexandria              | VA            | 22314    | WEB                    | <input type="checkbox"/> Debit Card |   |          |                              |                         |               |  |  |  |
| Description  |                         |               |          |                        |                                     | Event #                                     |          |                              |                         |               |  |  |  |
| Set-Up Fee   |                         |               |          |                        |                                     |   |          |                              |                         |               |  |  |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table> |                         |               |          |                        |                                     |   |          | <input type="checkbox"/> Yes | Other Candidate(s) Name | Office Sought | <input checked="" type="checkbox"/> No |  |  |
| <input type="checkbox"/> Yes   | Other Candidate(s) Name | Office Sought |          |                        |                                     |   |          |                              |                         |               |  |  |  |
| <input checked="" type="checkbox"/> No   |                         |               |          |                        |                                     |   |          |                              |                         |               |  |  |  |
|  |                         |               |          |                        |                                     |   | \$400.00 |                              |                         |               |  |  |  |

|  |               |          |       |          |                        |  |                                  |          |                         |               |
|--|---------------|----------|-------|----------|------------------------|--|----------------------------------|----------|-------------------------|---------------|
| Name of Payee  |               |          |       |          |                        | Date of Payment                                | Method of Payment                | Amount   |                         |               |
| ABC Signs  |               |          |       |          |                        | 05/07/2010                                     | <input type="checkbox"/> Check # |          |                         |               |
| Street Address   |               | City     | State | Zip Code | Purpose of Expenditure |  |                                  |          |                         |               |
| 5851 Larue Steiner Rd  |               | Theodore | AL    | 36582    | A-SIGN                 | <input checked="" type="checkbox"/> Debit Card |                                  |          |                         |               |
| Description  |               |          |       |          |                        |  | Event #                          |          |                         |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Other Candidate(s) Name</td> <td style="text-align: center;">Office Sought</td> </tr> </table> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No             </div> <div style="width: 60%;"></div> </div> |               |          |       |          |                        |  |                                  |          | Other Candidate(s) Name | Office Sought |
| Other Candidate(s) Name  | Office Sought |          |       |          |                        |  |                                  |          |                         |               |
|  |               |          |       |          |                        |  |                                  | \$532.23 |                         |               |



## IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

## N. Expenses Paid By Committee

|   |                         |                    |                          |  |  |   |
|---|-------------------------|--------------------|--------------------------|--|--|---|
| Name of Payee<br><b>NRA</b>   |                         |                    |                          | Date of Payment<br><b>05/12/2010</b>   | Method of Payment<br><input type="checkbox"/> Check #            | Amount<br><br><br><br><br><br><br><br><br><br><b>\$135.00</b> |
| Street Address<br><b>11250 Waples Mill Rd</b>   | City<br><b>Fairfax</b>  | State<br><b>VA</b> | Zip Code<br><b>22030</b> | Purpose of Expenditure<br><b>ATT *</b> | <input checked="" type="checkbox"/> Debit Card                   |   |
| Description<br><b>Attendee: Martha Dean, 15 Ensign Drive, Avon, CT 06001, Date of Event: 5/16/10, Location: Charlotte, North Carolina</b>                           |                         |                    |                          |  | Event #  |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         |                    |                          |  | Other Candidate(s) Name<br><br>Office Sought<br><br>             |   |
| Name of Payee<br><b>Staples</b>   |                         |                    |                          | Date of Payment<br><b>05/17/2010</b>   | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount<br><br><br><br><br><br><br><br><br><br><b>\$142.04</b> |
| Street Address<br><b>15 Albany Tpke</b>   | City<br><b>Simsbury</b> | State<br><b>CT</b> | Zip Code<br><b>06092</b> | Purpose of Expenditure<br><b>PRNT</b>  | <u>1013</u><br><input type="checkbox"/> Debit Card               |   |
| Description   |                         |                    |                          |  | Event #  |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         |                    |                          |  | Other Candidate(s) Name<br><br>Office Sought<br><br>             |   |
| Name of Payee<br><b>Bruegger's Bagels</b>   |                         |                    |                          | Date of Payment<br><b>05/19/2010</b>   | Method of Payment<br><input type="checkbox"/> Check #            | Amount<br><br><br><br><br><br><br><br><br><br><b>\$17.25</b>  |
| Street Address<br><b>45 E Main St</b>   | City<br><b>Avon</b>     | State<br><b>CT</b> | Zip Code<br><b>06001</b> | Purpose of Expenditure<br><b>FOOD</b>  | <input checked="" type="checkbox"/> Debit Card                   |   |
| Description<br><b>Food for Campaign Meeting</b>   |                         |                    |                          |  | Event #  |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                         |                    |                          |  | Other Candidate(s) Name<br><br>Office Sought<br><br>             |   |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|   |  |                         |       |          |                        |  |        |
|---|--|-------------------------|-------|----------|------------------------|--|--------|
| Name of Payee   |  |                         |       |          | Date of Payment        | Method of Payment                              | Amount |
| Fast Signs  |  |                         |       |          | 05/21/2010             | <input type="checkbox"/> Check #               |        |
| Street Address  |  | City                    | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card |        |
| 1540D Pleasant Valley Rd  |  | Manchester              | CT    | 06042    | A-OTH                  |  |        |
| Description   |  |                         |       |          |                        | Event #  |        |
| Stickers  |  |                         |       |          |                        |  |        |
| 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  |  |                         |       |          |                        |  |        |
| \$1,831.68  |  |                         |       |          |                        |  |        |
| Name of Payee   |  |                         |       |          | Date of Payment        | Method of Payment                              | Amount |
| EventBrite  |  |                         |       |          | 05/23/2010             | <input type="checkbox"/> Check #               |        |
| Street Address  |  | City                    | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card |        |
| 1620 Newfield Ave   |  | Stamford                | CT    | 06905    | ATT *                  |  |        |
| Description   |  |                         |       |          |                        | Event #  |        |
| Name of Attendee: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/23/2010, Location of Event: 1620 Newfield Ave, Stamford, CT; Entity Sponsoring Event: Right |  |                         |       |          |                        |  |        |
| 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  |  |                         |       |          |                        |  |        |
| \$125.00  |  |                         |       |          |                        |  |        |
| Name of Payee   |  |                         |       |          | Date of Payment        | Method of Payment                              | Amount |
| Staples   |  |                         |       |          | 05/23/2010             | <input type="checkbox"/> Check #               |        |
| Street Address  |  | City                    | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card |        |
| 15 Albany Tpke  |  | Simsbury                | CT    | 06092    | OFFICE                 |  |        |
| Description   |  |                         |       |          |                        | Event #  |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?   |  |                         |       |          |                        |  |        |
| <input type="checkbox"/> Yes  |  | Other Candidate(s) Name |       |          | Office Sought          |  |        |
| <input checked="" type="checkbox"/> No  |  |                         |       |          |                        |  |        |
| \$193.95  |  |                         |       |          |                        |  |        |



#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|  |  |          |       |          |                        |  |         |
|--|--|----------|-------|----------|------------------------|--|---------|
| Name of Payee  |  |          |       |          | Date of Payment        | Method of Payment                              | Amount  |
| LAZ Parking  |  |          |       |          | 05/24/2010             | <input type="checkbox"/> Check #               |         |
| Street Address   |  | City     | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card |         |
| 100 Columbus Blvd  |  | Hartford | CT    | 06103    | ATT *                  |  |         |
| Description  |  |          |       |          |                        | Event #  |         |
| Nathaniel Schindler, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/24/2010, Location:<br>100 Columbus Blvd, Hartford, CT, Sponsoring Entity: CT Republican Party  |  |          |       |          |                        |  |         |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div> <div>         Other Candidate(s) Name         <input type="text"/> </div> <div>         Office Sought         <input type="text"/> </div> |  |          |       |          |                        |  |         |
|  |  |          |       |          |                        |  | \$19.00 |

|   |  |      |       |          |                        |  |                                  |        |
|---|--|------|-------|----------|------------------------|--|----------------------------------|--------|
| Name of Payee   |  |      |       |          |                        | Date of Payment                                | Method of Payment                | Amount |
| Dunkin Donuts   |  |      |       |          |                        | 05/24/2010                                     | <input type="checkbox"/> Check # |        |
| Street Address  |  | City | State | Zip Code | Purpose of Expenditure |  |                                  |        |
| 75 E Main St  |  | Avon | CT    | 06001    | FOOD                   | <input checked="" type="checkbox"/> Debit Card |                                  |        |
| Description   |  |      |       |          |                        |  | Event #                          |        |
| Food for Volunteers for Convention  |  |      |       |          |                        |  |                                  |        |
| <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> |  |      |       |          |                        |  |                                  |        |
|   |  |      |       |          |                        |  |                                  |        |
| \$27.93   |  |      |       |          |                        |  |                                  |        |

|  |          |                         |          |                        |  |                                  |        |
|--|----------|-------------------------|----------|------------------------|--|----------------------------------|--------|
| Name of Payee  |          |                         |          |                        | Date of Payment                                | Method of Payment                | Amount |
| LAZ Parking  |          |                         |          |                        | 05/25/2010                                     | <input type="checkbox"/> Check # |        |
| Street Address   | City     | State                   | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card |                                  |        |
| 100 Columbus Blvd  | Hartford | CT                      | 06103    | ATT *                  |  |                                  |        |
| Description  |          |                         |          |                        |  | Event #                          |        |
| Nathaniel Schindler, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/24/2010, Location: 100 Columbus Blvd, Hartford, CT, Sponsoring Entity: CT Republican Party |          |                         |          |                        |  |                                  |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?  |          | Other Candidate(s) Name |          | Office Sought          |  |                                  |        |
| <input type="checkbox"/> Yes   |          |                         |          |                        |  |                                  |        |
| <input checked="" type="checkbox"/> No   |          |                         |          |                        |  | \$19.00                          |        |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|   |  |          |       |          |                         |   |          |
|---|--|----------|-------|----------|-------------------------|---|----------|
| Name of Payee   |  |          |       |          | Date of Payment         | Method of Payment                           | Amount   |
| Christina Surgeon   |  |          |       |          | 05/26/2010              | <input checked="" type="checkbox"/> Check # |          |
| Street Address  |  | City     | State | Zip Code | Purpose of Expenditure  | <u>1017</u>                                 |          |
| 160 Adams St  |  | Hartford | CT    | 06112    | 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                               | \$316.76 |
| <input type="checkbox"/> Yes  |  |          |       |          |                         |   |          |
| <input checked="" type="checkbox"/> No  |  |          |       |          |                         |   |          |
| Name of Payee   |  |          |       |          | Date of Payment         | Method of Payment                           | Amount   |
| Malcolm McGough   |  |          |       |          | 05/26/2010              | <input checked="" type="checkbox"/> Check # |          |
| Street Address  |  | City     | State | Zip Code | Purpose of Expenditure  | <u>1018</u>                                 |          |
| 15 Ensign Dr  |  | Avon     | CT    | 06001    | 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                               | \$38.14  |
| <input type="checkbox"/> Yes  |  |          |       |          |                         |   |          |
| <input checked="" type="checkbox"/> No  |  |          |       |          |                         |   |          |
| Name of Payee   |  |          |       |          | Date of Payment         | Method of Payment                           | Amount   |
| Martha Dean   |  |          |       |          | 05/26/2010              | <input checked="" type="checkbox"/> Check # |          |
| Street Address  |  | City     | State | Zip Code | Purpose of Expenditure  | <u>1019</u>                                 |          |
| 15 Ensign Dr  |  | Avon     | CT    | 06001    | 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                               | \$676.49 |
| <input type="checkbox"/> Yes  |  |          |       |          |                         |   |          |
| <input checked="" type="checkbox"/> No  |  |          |       |          |                         |   |          |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|   |  |                         |       |          |                        |  |        |
|---|--|-------------------------|-------|----------|------------------------|--|--------|
| Name of Payee   |  |                         |       |          | Date of Payment        | Method of Payment                              | Amount |
| Martha Dean   |  |                         |       |          | 05/26/2010             | <input checked="" type="checkbox"/> Check #    |        |
| Street Address  |  | City                    | State | Zip Code | Purpose of Expenditure | <u>1020</u>                                    |        |
| 15 Ensign Dr  |  | Avon                    | CT    | 06001    | RCW                    | <input type="checkbox"/> Debit Card            |        |
| Description   |  |                         |       |          |                        | Event #  |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  |                         |       |          |                        |  |        |
| <input type="checkbox"/> Yes  |  | Other Candidate(s) Name |       |          | Office Sought          |  |        |
| <input checked="" type="checkbox"/> No  |  |                         |       |          |                        |  |        |
| \$188.00  |  |                         |       |          |                        |  |        |
| Name of Payee   |  |                         |       |          | Date of Payment        | Method of Payment                              | Amount |
| Bank of America   |  |                         |       |          | 05/28/2010             | <input type="checkbox"/> Check #               |        |
| Street Address  |  | City                    | State | Zip Code | Purpose of Expenditure |  |        |
| 240 W Main St   |  | Avon                    | CT    | 06001    | BNK                    | <input checked="" type="checkbox"/> Debit Card |        |
| Description   |  |                         |       |          |                        | Event #  |        |
| Monthly Maintenance Fee   |  |                         |       |          |                        |  |        |
| 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  |  |                         |       |          |                        |  |        |
| \$13.00   |  |                         |       |          |                        |  |        |
| Name of Payee   |  |                         |       |          | Date of Payment        | Method of Payment                              | Amount |
| Edonation   |  |                         |       |          | 05/31/2010             | <input type="checkbox"/> Check #               |        |
| Street Address  |  | City                    | State | Zip Code | Purpose of Expenditure |  |        |
| 117 N Saint Asaph St .  |  | Alexandria              | VA    | 22314    | 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  |  |                         |       |          |                        |  |        |
| \$149.72  |  |                         |       |          |                        |  |        |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|   |      |       |          |                        |  |          |
|---|------|-------|----------|------------------------|--|----------|
| Name of Payee   |      |       |          | Date of Payment        | Method of Payment                                  | Amount   |
| Malcolm McGough   |      |       |          | 06/10/2010             | <input checked="checked" type="checkbox"/> Check # |          |
| Street Address  | City | State | Zip Code | Purpose of Expenditure | <u>1023</u>  |          |
| 15 Ensign Dr  | Avon | CT    | 06001    | RCW                    | <input type="checkbox"/> Debit Card                |          |
| Description   |      |       |          |                        | Event #  |          |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes<br/> <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> |      |       |          |                        |  |          |
|   |      |       |          |                        |  | \$509.76 |

|   |          |       |          |                        |                                     |   |          |
|---|----------|-------|----------|------------------------|-------------------------------------|---|----------|
| Name of Payee   |          |       |          |                        | Date of Payment                     | Method of Payment                           | Amount   |
| Staples   |          |       |          |                        | 06/10/2010                          | <input checked="" type="checkbox"/> Check # |          |
| Street Address  | City     | State | Zip Code | Purpose of Expenditure | <u>1022</u>                         |   |          |
| 15 Albany Tpke  | Simsbury | CT    | 06092    | PRNT                   | <input type="checkbox"/> Debit Card |   |          |
| Description   |          |       |          |                        |                                     | Event #                                     |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div> |          |       |          |                        |                                     |   |          |
|   |          |       |          |                        |                                     |   | \$182.78 |

|   |  |          |       |          |                        |                                     |  |        |
|---|--|----------|-------|----------|------------------------|-------------------------------------|--|--------|
| Name of Payee   |  |          |       |          |                        | Date of Payment                     | Method of Payment  | Amount |
| Staples   |  |          |       |          |                        | 06/14/2010                          | <input checked="" type="checkbox"/> Check #<br><u>1026</u> |        |
| Street Address  |  | City     | State | Zip Code | Purpose of Expenditure | <input type="checkbox"/> Debit Card |  |        |
| 15 Albany Tpke  |  | Simsbury | CT    | 06092    | PRNT                   |                                     |  |        |
| Description   |  |          |       |          |                        |                                     | Event #  |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name      Office Sought</div> <div> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No       </div> |  |          |       |          |                        |                                     |  |        |
|   |  |          |       |          |                        |                                     |  |        |
| \$142.04  |  |          |       |          |                        |                                     |  |        |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|   |          |       |          |                        |  |          |
|---|----------|-------|----------|------------------------|--|----------|
| Name of Payee   |          |       |          | Date of Payment        | Method of Payment                                  | Amount   |
| Khristina Surgeon   |          |       |          | 06/14/2010             | <input checked="checked" type="checkbox"/> Check # |          |
| Street Address  | City     | State | Zip Code | Purpose of Expenditure | <u>1025</u>  |          |
| 160 Adams St  | Hartford | CT    | 06112    | WAGE                   | <input type="checkbox"/> Debit Card                |          |
| Description   |          |       |          |                        | Event #  |          |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div> |          |       |          |                        |  |          |
|   |          |       |          |                        |  | \$526.14 |

|  |        |       |                         |                        |   |          |
|--|--------|-------|-------------------------|------------------------|---|----------|
| Name of Payee  |        |       |                         | Date of Payment        | Method of Payment                           | Amount   |
| Weston RTC   |        |       |                         | 06/14/2010             | <input checked="" type="checkbox"/> Check # |          |
| Street Address   | City   | State | Zip Code                | Purpose of Expenditure | <u>1024</u>                                 |          |
| 25 Grays Farm Rd   | Weston | CT    | 06883                   | ATT *                  | <input type="checkbox"/> Debit Card         |          |
| Description  |        |       |                         |                        | Event #                                     |          |
| Name of Attendee: Martha Dean, 15 Ensign Drive, Avon, CT 06001, Event Date: 6/5/2010,<br>Location of Event: Weston, CT, Sponsoring Committee: Weston Republican Town |        |       |                         |                        |   |          |
| 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   |        |       |                         |                        |   |          |
|  |        |       |                         |                        |   | \$130.00 |

|  |             |       |          |                        |                                     |   |          |
|--|-------------|-------|----------|------------------------|-------------------------------------|---|----------|
| Name of Payee  |             |       |          |                        | Date of Payment                     | Method of Payment                           | Amount   |
| Paul Pacelli   |             |       |          |                        | 06/23/2010                          | <input checked="" type="checkbox"/> Check # |          |
| Street Address   | City        | State | Zip Code | Purpose of Expenditure | <u>1027</u>                         |   |          |
| 106 Putter Dr  | Wallingford | CT    | 06492    | CNSLT                  | <input type="checkbox"/> Debit Card |   |          |
| Description  |             |       |          |                        |                                     | Event #                                     |          |
| Media Consultant   |             |       |          |                        |                                     |   |          |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> |             |       |          |                        |                                     |   |          |
|  |             |       |          |                        |                                     |   | \$400.00 |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

### N. Expenses Paid By Committee

|  |          |       |          |                        |   |  |
|--|----------|-------|----------|------------------------|---|--|
| Name of Payee  |          |       |          | Date of Payment        | Method of Payment                           | Amount                                       |
| Khristina Surgeon  |          |       |          | 06/25/2010             | <input checked="" type="checkbox"/> Check # |  |
| Street Address   | City     | State | Zip Code | Purpose of Expenditure | <u>1028</u>                                 |  |
| 160 Adams St   | Hartford | CT    | 06112    | WAGE                   | <input type="checkbox"/> Debit Card         |  |
| Description  |          |       |          |                        | Event #                                     |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> |          |       |          |                        |   | Other Candidate(s) Name<br><br>Office Sought |
|  |          |       |          |                        |   | \$497.05                                     |

|  |             |       |          |                        |                                     |   |          |
|--|-------------|-------|----------|------------------------|-------------------------------------|---|----------|
| Name of Payee  |             |       |          |                        | Date of Payment                     | Method of Payment                           | Amount   |
| Paul Pacelli   |             |       |          |                        | 06/30/2010                          | <input checked="" type="checkbox"/> Check # |          |
| Street Address   | City        | State | Zip Code | Purpose of Expenditure | <u>1029</u>                         |   |          |
| 106 Putter Dr  | Wallingford | CT    | 06492    | CNSLT                  | <input type="checkbox"/> Debit Card |   |          |
| Description  |             |       |          |                        |                                     | Event #                                     |          |
| Media Consultant   |             |       |          |                        |                                     |   |          |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div> |             |       |          |                        |                                     |   |          |
|  |             |       |          |                        |                                     |   | \$400.00 |

|  |             |       |          |                        |   |          |
|--|-------------|-------|----------|------------------------|---|----------|
| Name of Payee  |             |       |          | Date of Payment        | Method of Payment                           | Amount   |
| Paul Pacelli   |             |       |          | 06/30/2010             | <input checked="" type="checkbox"/> Check # |          |
| Street Address   | City        | State | Zip Code | Purpose of Expenditure | <u>1030</u>                                 |          |
| 106 Putter Dr  | Wallingford | CT    | 06492    | CNSLT                  | <input type="checkbox"/> Debit Card         |          |
| Description  |             |       |          |                        | Event #                                     |          |
| Media Consultant   |             |       |          |                        |   |          |
| <div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div> |             |       |          |                        |   |          |
|  |             |       |          |                        |   | \$400.00 |

| IV. EXPENDITURES  |            |                         |          |                        |  |                                  |        |
|---|------------|-------------------------|----------|------------------------|--|----------------------------------|--------|
| NAME OF COMMITTEE   |            |                         |          |                        |  | FILING DUE DATE                  |        |
| Dean 2010   |            |                         |          |                        |  | Original 07/12/2010              |        |
| N. Expenses Paid By Committee   |            |                         |          |                        |  |                                  |        |
| Name of Payee   |            |                         |          |                        | Date of Payment                                | Method of Payment                | Amount |
| Edonations  |            |                         |          |                        | 06/30/2010                                     | <input type="checkbox"/> Check # |        |
| Street Address  | City       | State                   | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card |                                  |        |
| 117 N Saint Asaph St .  | Alexandria | VA                      | 22314    | WEB                    |  |                                  |        |
| Description   |            |                         |          |                        | Event #  |                                  |        |
| On-Line Contributions   |            |                         |          |                        |  |                                  |        |
| 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  |            |                         |          |                        |  | \$456.18                         |        |
| Total of Section N  |            |                         |          |                        |  | <b>\$11,838.72</b>               |        |

# IV. EXPENDITURES

|   |                                     |  |              |  |                               |                     |   |            |
|---|-------------------------------------|--|--------------|--|-------------------------------|---------------------|---|------------|
| NAME OF COMMITTEE                         |                                     |  |              |  |                               | FILING DUE DATE     |   |            |
| Dean 2010                                 |                                     |  |              |  |                               | Original 07/12/2010 |   |            |
| O. Campaign Expenses Paid By Candidate    |                                     |  |              |  |                               |                     |   |            |
| Name of Payee<br>Law Offices of Martha A. |                                     |  |              |  | Date of Payment<br>04/30/2010 |                     | Is Reimbursement Claimed?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Amount     |
| Street Address<br>15 Ensign Dr            |                                     |  | City<br>Avon |  | State<br>CT                   | Zip Code<br>06001   |   |            |
| Purpose of Expenditure<br>OVHD            | Description<br>Office Space         |  |              |  |                               | Event #             |   | \$1,000.00 |
| Name of Payee<br>Law Offices of Martha A. |                                     |  |              |  | Date of Payment<br>05/31/2010 |                     | Is Reimbursement Claimed?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Amount     |
| Street Address<br>15 Ensign Dr            |                                     |  | City<br>Avon |  | State<br>CT                   | Zip Code<br>06001   |   |            |
| Purpose of Expenditure<br>OVHD            | Description<br>Office Space         |  |              |  |                               | Event #             |   | \$1,000.00 |
| Name of Payee<br>Law Offices of Martha A. |                                     |  |              |  | Date of Payment<br>06/30/2010 |                     | Is Reimbursement Claimed?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Amount     |
| Street Address<br>15 Ensign Dr            |                                     |  | City<br>Avon |  | State<br>CT                   | Zip Code<br>06001   |   |            |
| Purpose of Expenditure<br>OVHD            | Description<br>Office Space         |  |              |  |                               | Event #             |   | \$1,000.00 |
| Name of Payee<br>Martha A. Dean           |                                     |  |              |  | Date of Payment<br>06/30/2010 |                     | Is Reimbursement Claimed?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Amount     |
| Street Address<br>15 Ensign Dr            |                                     |  | City<br>Avon |  | State<br>CT                   | Zip Code<br>06001   |   |            |
| Purpose of Expenditure<br>TRVL            | Description<br>3000 Miles Travelled |  |              |  |                               | Event #             |   | \$1,362.00 |
| Total of Section O                        |                                     |  |              |  |                               |                     |   | \$4,362.00 |



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

#### IV. EXPENDITURES

|   |  |   |                  |                             |  |                     |                   |
|---|--|---|------------------|-----------------------------|--|---------------------|-------------------|
| NAME OF COMMITTEE   |  |   |                  |                             |  | FILING DUE DATE     |                   |
| Dean 2010   |  |   |                  |                             |  | Original 07/12/2010 |                   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |  |   |                  |                             |  |                     |                   |
| Name of Creditor<br>Khristina Surgeon   |  |   |                  | Date Incurred<br>05/21/2010 |  | Event #             |                   |
| Street Address<br>160 Adams St  |  |   | City<br>Hartford |                             |  | State<br>CT         | Zip Code<br>06112 |
| Purpose of Expenditure<br>TRVL  |  | Description<br>Parking for Convention - Staff |                  |                             |  |                     |                   |
| 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 |  |   |                  |                             |  |                     |                   |
| Amount Incurred (Estimate or Actual)<br>\$30.00   |  |   |                  |                             |  |                     |                   |
| Name of Creditor<br>Malcolm McGough   |  |   |                  | Date Incurred<br>05/25/2010 |  | Event #             |                   |
| Street Address<br>144 Reverknolls   |  |   | City<br>Avon     |                             |  | State<br>CT         | Zip Code<br>06001 |
| Purpose of Expenditure<br>A-OTH   |  | Description<br>Video of Convention            |                  |                             |  |                     |                   |
| 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 |  |   |                  |                             |  |                     |                   |
| Amount Incurred (Estimate or Actual)<br>\$63.60   |  |   |                  |                             |  |                     |                   |

# IV. EXPENDITURES

|   |                      |                  |                             |                     |                   |
|---|----------------------|------------------|-----------------------------|---------------------|-------------------|
| NAME OF COMMITTEE   |                      |                  |                             | FILING DUE DATE     |                   |
| Dean 2010   |                      |                  |                             | Original 07/12/2010 |                   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |                      |                  |                             |                     |                   |
| Name of Creditor<br>Khristina Surgeon   |                      |                  | Date Incurred<br>06/30/2010 | Event #             |                   |
| Street Address<br>160 Adams St  |                      | City<br>Hartford |                             | State<br>CT         | Zip Code<br>06112 |
| Purpose of Expenditure<br>WAGE  | Description<br>Wages |                  |                             |                     |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                      |                  | Other Candidate(s) Name     |                     | Office Sought     |
|   |                      |                  |                             |                     | \$500.00          |
| Total of Section Q  |                      |                  |                             |                     | <b>\$593.60</b>   |

# IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

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

|   |                  |                                |  |          |
|---|------------------|--------------------------------|--|----------|
| Name of Worker/Consultant<br>Malcolm McGough  |                  | Date of Payment<br>04/14/2010  | Method of Payment<br><input checked="" type="checkbox"/> Check #<br>1006 | Amount   |
| Secondary Payee<br>Staples  |                  | Purpose of Expenditure<br>PRNT | <input type="checkbox"/> Debit Card                                      |          |
| Street Address<br>15 Albany Tpke  | City<br>Simsbury | State<br>CT                    | Zip Code<br>06092  |          |
| Description   |                  |                                | Event #  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                  |                                |  |          |
| Other Candidate(s) Name   |                  | Office Sought                  |  | \$474.84 |

|  |                   |                                |  |         |
|--|-------------------|--------------------------------|--|---------|
| Name of Worker/Consultant<br>Martha Dean   |                   | Date of Payment<br>05/14/2010  | Method of Payment<br><input checked="" type="checkbox"/> Check #<br>1019 | Amount  |
| Secondary Payee<br>Chambers Grill  |                   | Purpose of Expenditure<br>FOOD | <input type="checkbox"/> Debit Card                                      |         |
| Street Address<br>201 S McDowell St  | City<br>Charlotte | State<br>NC                    | Zip Code<br>28204  |         |
| Description<br>Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA |                   |                                | Event #  |         |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |                   |                                |  |         |
| Other Candidate(s) Name  |                   | Office Sought                  |  | \$54.07 |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

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

|  |                                |  |   |                   |
|--|--------------------------------|--|---|-------------------|
| Name of Worker/Consultant<br>Martha Dean   | Date of Payment<br>05/14/2010  | Method of Payment<br><input checked="" type="checkbox"/> Check #<br>1019 | Amount<br><br><br><br><br><br><br><br><br><br>\$16.00 |                   |
| Secondary Payee<br>Room Service  | Purpose of Expenditure<br>FOOD | <input type="checkbox"/> Debit Card                                      |   |                   |
| Street Address<br>201 S McDowell St  | City<br>Charlotte              | State<br>NC  |   | Zip Code<br>28204 |
| Description<br>Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA |                                |  |   | Event #           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Other Candidate(s) Name        | Office Sought  |   |                   |

[illegible]

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

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

[illegible]

|  |                  |  |   |   |
|--|------------------|--|---|---|
| Name of Worker/Consultant<br>Martha Dean   |                  | Date of Payment<br>05/16/2010                        | Method of Payment<br><input checked="checked" type="checkbox"/> Check #<br>1020 | Amount<br><br><br><br><br><br><br><br><br><br>\$25.00 |
| Secondary Payee<br>US Airways  |                  | Purpose of Expenditure<br>TRVL                       | <input type="checkbox"/> Debit Card   |   |
| Street Address<br>915 Main St  | City<br>Hartford | State<br>CT  | Zip Code  |   |
| Description<br>Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA |                  |  | Event #   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="checked" type="checkbox"/> No   |                  | Other Candidate(s) Name<br><br>Office Sought<br><br> |   |   |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

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

[illegible]

|   |                                |  |                   |
|---|--------------------------------|--|-------------------|
| Name of Worker/Consultant<br>Malcolm McGough  | Date of Payment<br>05/17/2010  | Method of Payment<br><input checked="" type="checkbox"/> Check #<br>1018 |                   |
| Secondary Payee<br>Staples  | Purpose of Expenditure<br>POST | <input type="checkbox"/> Debit Card                                      |                   |
| Street Address<br>15 Albany Tpke  | City<br>Simsbury               | State<br>CT  | Zip Code<br>06092 |
| Description   |                                |  | Event #           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name        | Office Sought  | \$38.14           |

#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

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

|  |                  |                                |   |          |
|--|------------------|--------------------------------|---|----------|
| Name of Worker/Consultant<br>Malcolm McGough   |                  | Date of Payment<br>05/21/2010  | Method of Payment<br><input checked="checked" type="checkbox"/> Check #<br>1023 | Amount   |
| Secondary Payee<br>Staples   |                  | Purpose of Expenditure<br>PRNT | <input type="checkbox"/> Debit Card   |          |
| Street Address<br>15 Albany Tpke   | City<br>Simsbury | State<br>CT                    | Zip Code<br>06092   |          |
| Description  |                  |                                | Event #   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="checked" type="checkbox"/> No |                  | Other Candidate(s) Name        | Office Sought   | \$509.76 |

|   |                  |                                |  |   |
|---|------------------|--------------------------------|--|---|
| Name of Worker/Consultant<br>Martha Dean  |                  | Date of Payment<br>05/25/2010  | Method of Payment<br><input checked="" type="checkbox"/> Check #<br>1020 | Amount<br><br><br><br><br><br><br><br><br><br>\$13.00 |
| Secondary Payee<br>LAZ Parking Republican Convention  |                  | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                                      |   |
| Street Address<br>100 Columbus Blvd   | City<br>Hartford | State<br>CT                    | Zip Code<br>06103  |   |
| Description<br>Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/25/2010, Location: 100 Columbus Blvd,<br>Hartford, CT, Sponsored by CT Republican Party  |                  |                                | Event #  |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                  | Other Candidate(s) Name        | Office Sought  |   |



#### IV. EXPENDITURES

| NAME OF COMMITTEE | FILING DUE DATE     |
|-------------------|---------------------|
| Dean 2010         | Original 07/12/2010 |

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

|  |                   |                                |   |          |
|--|-------------------|--------------------------------|---|----------|
| Name of Worker/Consultant<br>Martha Dean   |                   | Date of Payment<br>05/26/2010  | Method of Payment<br><input checked="checked" type="checkbox"/> Check #<br>1019 | Amount   |
| Secondary Payee<br>Crowne Plaza  |                   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card   |          |
| Street Address<br>201 S McDowell St  | City<br>Charlotte | State<br>NC                    | Zip Code<br>28204   |          |
| Description<br>Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA |                   |                                | Event #   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="checked" type="checkbox"/> No   |                   | Other Candidate(s) Name        | Office Sought   |          |
|  |                   |                                |   | \$550.42 |

**Total of Section R**

**\$1,887.23**

# IV. EXPENDITURES

|  |  |      |       |                     |  |
|--|--|------|-------|---------------------|--|
| NAME OF COMMITTEE                                  |  |      |       | FILING DUE DATE     |  |
| Dean 2010  |  |      |       | Original 07/12/2010 |  |
| S. Surplus Distribution of Equipment and Furniture |  |      |       |                     |  |
| Name of Recipient                                  |  |      |       |                     | Original<br>Purchase<br>Amount of Item |
| Street Address                                     |  | City | State | Zip Code            |  |
| Description  |  |      |       |                     |  |
| Total of Section S                                 |  |      |       |                     |  |