SEEC FORM 30

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



Electronic Filing

Page 1 of 58

SUMMARY PAGE

1.NAME OF COMMITTEE		2. TYPE OF COMMITTEE								
Dean 2010			x	Candidate Committee Exploratory Committee						
3. TREASURER NAME										
Title	First Nathaniel			MI S	Last Schindler			Suffix		
4. TREASURER ADDRESS										
Street Address 23 Taquoshe Pl			City Fairfic	eld		State CT		Zip Code 06825		
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTR	ICT CODE (if applicable)		
11/02/2010		Attorney General								
8. CANDIDATE NAME										
Title	First Martha			МІ А.	Last Dean			Suffix		
9. TYPE OF REPORT										
July 10 Filing - Original										
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		04/01/2010	thru	1	06/30/2010					
			11 CER	TIFICATION						
	ed Campaig	under penalties of false	statem	nent, that all	of the information set forth period covered is true,					
Electronic Filing SIGNATURE		Nathaniel Schindle PRINT NAME OF THI		ER		2/ 2010 CERTIFIED				
					LE BY FINE NOT TO EXCEED HAN 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	
Dean 2010	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$4,235.35	
14. Contributions received from Individuals (Section A and B)	\$21,437.00	\$25,437.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$500.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$21,437.00	\$25,937.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$25,672.35	\$25,937.00
20. Expenses Paid by Committee (Section N)	\$11,838.72	\$12,103.37
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$13,833.63	\$13,833.63
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$1,040.00	\$1,040.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$4,362.00	\$6,181.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$593.60	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$593.60	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Dean 2010								Origina	al 07/12/2010
A. Total Contributions from	n Small (Contributors-Received th	is Perio	d ONLX	7		<u> </u>		
(See instructions for definition of Small			15 1 0110		total Section A	\$2,212.0	0		
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contributio	n ID#	Amount of
Byrnes	Gregory		А	Cash Money	=	al Check Debit Card	0007		Contribution
Residential Street Address		City		State	Zip Code	D	ate Received		
33 Division St		Greenwich		СТ	06830	0	4/08/2010)	
Principal Occupation		Name of Employer			Is this contribution ass			Yes	
Sales/Fundraising		Woodlawn Foundation, Inc.			fundraising event listed If yes, list Event #	in Section .	x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				child of a lob	-		-	00.00	\$100.00
government the contract is with:		Executive Legislative	L	res x	No				
Last Name	First Name		MI		contribution:	al Check	Contributio	n ID#	Amount of
Vargas	Clark			Cash Money	=	Debit Card	0052		Contribution
Residential Street Address		City		State	Zip Code	D	ate Received		
4524 Julington Crk		Jacksonville		FL	32258	0	4/08/2010)	
Principal Occupation		Name of Employer		•	Is this contribution asso	ociated with	a	Yes	
Engineer		C. Vargas & Associates			fundraising event listed If yes, list Event #	d in Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 î—	child of a lob	•		-	00.00	\$400.00
Last Name	First Name		MI	Method of	contribution:		Contributio	n ID#	Amount of
King	James			Cash	=	al Check	0054		Contribution
		Γ		Money	y Order X Credit/I	Debit Card	ļ		
Residential Street Address PO Box 57		City Farmington		State CT	Zip Code 06034		ate Received 14/12/2010	,	
				1 01	Is this contribution ass			_	
Principal Occupation Systems		Name of Employer Self			fundraising event listed		J1?	Yes	
Systems			_		If yes, list Event #		[X	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 —	child of a lob	•		\$2	00.00	\$200.00
Last Name	First Name		MI	Method of	contribution:		Contributio	n ID#	Amount of
Hopper	Reed			Cash	=	al Check Debit Card	0055		Contribution
D 11 6100 (A11		C'		 			ate Received		
Residential Street Address 1232 Noel Greene Dr		City Oak Harbor		State WA	Zip Code 98277		4/13/2010)	
Principal Occupation		Name of Employer		<u> </u>	Is this contribution asso			Yes	
Attorney		Pacific Legal Foundation			fundraising event listed		J1?	Yes No	
, 			,		If yes, list Event #			I NO	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	-		\$1	00.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 07/12/2010
		B. It	emized Contributi	ons fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Wohlert	E. Ross				Cash Money	Personal y Order X Credit/De		0056		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
139 Coram Ln		Orange			СТ	06477	0	4/15/2010)	
Principal Occupation Director - Medical Informatics		Name of Er Health N			•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes	
				1			1		•	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Bernier	Normand			J	Cash Money	y Order Registration X Personal Credit/De		0006	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
19 S Ridge Rd		Farmingt	on		СТ	06032	0	4/15/2010)	
Principal Occupation		Name of Er Retired	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Markle	Robert				Cash Money	Personal y Order X Credit/De		0057		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
2655 Prosperity Ave		Fairfax			VA	22031	0	4/18/2010)	
Principal Occupation Attorney		Name of Er U.S. Dep	nployer partment of Justice			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
				1			1			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$2,0	000.00	\$2,000.00
government the contract is with:	I Firmt Name	Executive	Legislative	I Ш .	1		<u> </u>	1		
Last Name Scoville	First Name William			MI	Cash	contribution: Personal y Order X Credit/De		Contribution 0061	on ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
3012 49th St		Astoria			NY	11103	0	4/21/2010)	l
Principal Occupation		Name of Er	mployer	_		Is this contribution assoc			Yes	
Lawyer		Milberg I	LLP			fundraising event listed i If yes, list Event #	n Section .	x	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$1	.00.00	\$100.00
				-			•			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 07/12/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Reynolds	Christoph	er			Cash Money	y Order		0063		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
PO Box 586		Lakeville			СТ	06039	0	4/28/2010)	_
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes	
Real estate Partner/Manager		Riverdal	e Realty	_		fundraising event listed in If yes, list Event #	Section .	x x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 ⁻	child of a lob	•		\$1	100.00	\$100.00
government the contract is with:	le ou	Executive	Legislative	+ -	1			1		<u> </u>
Last Name Crihfield	First Name Ashley			MI	Cash	contribution: Personal C	Check	Contributio	on ID #	Amount of Contribution
	,					y Order X Credit/Del	bit Card	0064		Commonion
Residential Street Address		City			State	Zip Code	Е	ate Received		
6 Ledge Rd		Old Gree	nwich		СТ	06870	0	4/28/2010)	_
Principal Occupation		Name of Er	nployer			Is this contribution associ			Yes	
Community Volunteer		N/A				fundraising event listed in If yes, list Event #	Section .	x x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:	<u></u> — <u> </u>	Executive	Legislative	+-	1			1		<u> </u>
Last Name Petri	First Name Allen			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
	7				_	y Order Credit/Del	bit Card	0026		Controlation
Residential Street Address		City			State	Zip Code	Е	ate Received		
432 Hamburg Rd		Lyme			СТ	06371	0	4/28/2010)	_
Principal Occupation		Name of Er	nployer			Is this contribution associ			Yes	
Electronic Tech		Pratt & V	Vhitney			fundraising event listed in If yes, list Event #	section.	x	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t snouse or	T	t Ct-il	.	t
state contractor? Is yes, indicate which branch or branches of			Yes No		child of a lob	-	Aggre	egate Contribu \$1	150.00	\$150.00
government the contract is with:		Executive	Legislative	Y	res x	No				, , , , , ,
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Becket	Peter				Cash Money	y Order X Credit/Del		0065		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
83 Sharon Rd		Lakeville			СТ	06039	0	4/29/2010)	
Principal Occupation		Name of Er	nployer			Is this contribution associ			Yes	
Business Appraiser		Becket B	susiness Appraisals			fundraising event listed in If yes, list Event #	section .	x	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t spouse or	T ,	anto Cti1	utions	t
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	byist?	Aggre	egate Contribu \$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	Y	res X	No		Ψ-		4100.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 07/12/2010
		B. Ite	emized Contributi	ons fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Simmons	Robert				Cash Money	y Order X Personal C		0001		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
268 N Main St		Stoningto	on		СТ	06378-0268	0	5/10/2010)	
Principal Occupation Public Servant		Name of En Retired	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions .00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Galazan	Antony				Cash Money	Personal C X Credit/Del		0067		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
125 Vermillion Dr		Avon			СТ	06001	0	5/11/2010)	1
Principal Occupation President		Name of En Connecti	_{nployer} cut Shotgun Mfg Co.			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	tions -00.00	\$400.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Couch	Richard				Cash Money	y Order Personal C		0011		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
29 Lyme Rd		Hanover			NH		0	5/17/2010)	
Principal Occupation Engineer		Name of En Hypother				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	l	Yes X No	dependent	utor a lobbyis	byist?	Aggre	gate Contribu	tions	\$250.00
government the contract is with:		Executive	Legislative	L \	res x	No		•		
Last Name Holmes	First Name Susan			MI	Cash	contribution: X Personal C y Order Credit/Del		Contributio	n ID#	Amount of Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		
17 Teresa Rd		Manchest	er		CT	06040		5/18/2010)	
Principal Occupation Secretary		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?} 🗀	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	ı	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions 00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	L 1	res x	No				

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Dean 2010									Origina	al 07/12/2010
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Santangelo	Mike				Cash Money	Personal C V Order X Credit/De		0068		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
220 Straitsville Rd		Prospect			СТ	06712	0	5/18/2010)	
Principal Occupation Carpenter		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Brown	Peter			В	Cash Money	y Order X Personal C		0010		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
93 Baileyville Rd		Middlefiel	ld		СТ	06455	0	5/19/2010)	
Principal Occupation Electronics		Name of En Yale Univ				Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Chu	David				Cash Money	Personal C y Order X Credit/De		0075		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
15-20 Forest Glen Cir		Middletov	vn		СТ	06457	_	5/23/2010	-	
Principal Occupation Trade Association Manager		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Lenk	Gary				Cash Money	Personal C X Credit/De		0077		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
52 Glenbrook Rd		West Har	tford		СТ	06107	0	5/25/2010)	•
Principal Occupation Gunsmith		Name of En	nployer on Gun Exchange			Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Everentin	Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$2	tions 50.00	\$250.00
government the contract is with:		Executive	Legislative		cs	INU	1			

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 07/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Кпарр	T William				Cash Money	y Order X Credit/De		0078		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
171 Collier Rd		Wethersf	ield		СТ	06109	0	5/25/2010)	
Principal Occupation Retired		Name of Er None	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
May	Susan				X Cash Money	Personal Credit/De		0106		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
15 Avondale Dr		Avon			СТ	06001	0	5/25/2010)	
Principal Occupation Dentist		Name of Er Self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Rahardjo	Buddy			S	Cash Money	y Order X Personal C		0013		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
34 Meadow Rdg		Avon			СТ	06001	0	5/25/2010)	
Principal Occupation		Name of Er Self-Emp				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	tions .00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Dean	Nancy			Н	Cash Money	y Order Personal Credit/De		0016		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
5 Penny Ln		Norwich			VT	05055	0	5/26/2010)	
Principal Occupation Artist		Name of Er None	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
government the contract is with:	니	Executive	Legislative		es 🔼	INO	1			

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 07/12/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Coleman	David				Cash Money	y Order X Personal C		0020		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
8 Cold Spring Dr		New Fair	field		СТ	06812	0	5/26/2010)	
Principal Occupation Systems Analyst		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Ciccaglione	Joseph				Cash Money	Personal C V Order X Credit/De		0079		Contribution
Residential Street Address	-	City			State	Zip Code	Е	ate Received		
21 Portage Xing		Farmingt	on		СТ	06032	0	5/30/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Accountant		Talcott C	Corp			fundraising event listed in If yes, list Event #	1 Section .)1?	No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggre	egate Contribu	tions 600.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Brueggestrat	Carl				Cash Money	y Order Personal C		0021		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
840 Bayberry Ln		Orange			СТ	06477	0	6/01/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Dentist		Self				If yes, list Event #		x	No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Lewin	Abraham				Cash Money	y Order X Personal C		0027		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
9 Elizabeth St		West Hav	/en		СТ	06516	0	6/01/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Tool Grinder		Self				fundraising event listed in If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	tions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob	-		\$1	00.00	\$100.00
government the contract is with:							1			1

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Dean 2010							C	Origina	ıl 07/12/2010
		B. Itemized Contribution	ons from	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Zirolli	Katharine	2		Cash Money	y Order Resonal Character Credit/Debi		0025		Contribution
Residential Street Address		City		State	Zip Code		e Received		
76 Tamara Cir		Avon		СТ	06001	06/	/02/2010		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name Duarte	First Name Eugene		MI	Cash	contribution: X Personal Characteristics	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 204 Thompson Rd		City Avon		State CT	Zip Code 06001	Date	e Received /03/2010		
Principal Occupation Financial Advisor		Name of Employer Merrill Lynch		•	Is this contribution associate fundraising event listed in the state of the state o		x N	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregat	te Contribution		\$100.00
Last Name Swenson	First Name Gary		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 36 Game Cock Rd		City Greenwich		State CT	Zip Code 06830		e Received '07/2010		
Principal Occupation Investment Banking		Name of Employer Retired		 	Is this contribution associate fundraising event listed in the second of the second second in the second se			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$1,000		\$1,000.00
Last Name Kelley	First Name James		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution I	D#	Amount of Contribution
Residential Street Address 51 High Farms Rd		City West Hartford		State CT	Zip Code 06107		e Received '09/2010		
Principal Occupation Claims		Name of Employer Acadia Insurance Company			Is this contribution associate fundraising event listed in the second of the second second in the second se		X N	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution		\$100.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 07/12/2010
		B. It	temized Contributi	ons from	ı Individ	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Morten	Stanley				Cash Mone	y Order		0082		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received	1	
290 Sasco Hill Rd		Fairfield			СТ	06824	0	6/10/201	0	1
Principal Occupation		Name of E	Employer			Is this contribution associ fundraising event listed in			Yes	
Consultant/Investor		Self		_		If yes, list Event #		2	No No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$1,	00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Randall	Kathleen				Cash Mone	y Order Personal C		0031		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received	!	
135 Northington Dr		Avon			СТ	06001	0	06/10/201	0	1
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		1.2	Yes	
						· -	102010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 m	child of a lot es	•		\$	100.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Legisiative	I _{MI}		contribution:	<u> </u>	I	"	<u> </u>
May	Susan			IVII	Cash	X Personal C	Check	Contributi 0035	on ID#	Amount of Contribution
					Mone	y Order Credit/Del	bit Card	0033		
Residential Street Address		City			State	Zip Code		Date Received		
15 Avondale Dr		Avon			СТ	06001		06/10/201	_	-
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		J1?	Yes	
Dentist		Jen				If yes, list Event # 06	102010	<u>)a</u> L	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lot res	-		\$	200.00	\$100.00
government the contract is with: Last Name	First Name	Zitouuve		MI	1	contribution:	1	Contributi	ID #	
Malkin	Robert			IVII	Cash	x Personal C	Check	Contributi 0108	on ID#	Amount of Contribution
		1			Mone	y Order Credit/Del	bit Card	0100		<u> </u>
Residential Street Address		City			State	Zip Code		Date Received		
19 Steeplechase		Avon			СТ	06001		06/10/201		
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in	Section .	_{J1?} [2	Yes	
						If yes, list Event # 06	102010	<u>)a</u> L	No]
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib		
Is yes, indicate which branch or branches of		Executive	Legislative		es x	-		:	\$75.00	\$75.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 07/12/2010
		B. It	temized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Bacevich	Leigh				Cash Money	y Order X Personal C		0032		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received	l	
80 Somerset Dr		Avon			СТ	06001	0	6/10/201	0	ļ
Principal Occupation		Name of E	Employer			Is this contribution associ fundraising event listed in If yes, list Event # 06		_{J1?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Versland	Heidi				Cash Mone	y Order Personal C		0036		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
35 Daventry Hill Rd		Avon			СТ	06001		06/10/201		
Principal Occupation		Name of E	imployer			Is this contribution associ fundraising event listed in If yes, list Event # 06		_{J1?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Samul	Pamela				X Cash Money	y Order Personal C		0049		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received	l	
24 Foxcroft Run		Avon			СТ	06001	0	6/14/201	0	1
Principal Occupation R.E. Appraiser		Name of E Self-Em				Is this contribution associ fundraising event listed in If yes, list Event #		112 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	bbyist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Hendel	Douglas				Cash Money	y Order X Personal C		0048		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
10 Woody Ln		Westpor	t		СТ	06880	0	6/16/201	0	
Principal Occupation Business Management		Name of E Hendel's				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	bbyist?	Aggre	egate Contrib	utions 100.00	\$600.00

		I. MC	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Dean 2010									Origin	al 07/12/2010
		B. Iten	nized Contributio	ons from	Individu	ıals				
Last Name Ronstrom	First Name Robert			MI	Cash	contribution:		Contribution 0084	on ID#	Amount of Contribution
Residential Street Address 6 Pickney Ave		City Plainville			State CT	Zip Code 06062	D	ate Received		
Principal Occupation Retired		Name of Empi	loyer		<u> </u>	Is this contribution associ fundraising event listed in If yes, list Event #	ated with	a [
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Lathrop	First Name Charles			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0046	on ID#	Amount of Contribution
Residential Street Address 100 Randall Rd		City Lebanon			State CT	Zip Code		ate Received		
Principal Occupation Farmer		Name of Empi Retired	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	utions 200.00	\$200.00
Last Name Kafka	First Name Denise			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0047	on ID#	Amount of Contribution
Residential Street Address 61 Lord Davis Ln		City Avon			State CT	Zip Code 06001		ate Received		
Principal Occupation Editor		Name of Empl Lexigram (loyer Corporate Commun	ication		Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name White	First Name John			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0045	on ID#	Amount of Contribution
Residential Street Address 60 Pund Ridge Rd		City Cheshire			State CT	Zip Code 06410		ate Received		
Principal Occupation		Name of Empi Retired	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONETARY I	RECEIPT	ΓS (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Dean 2010							Origin	al 07/12/2010
		B. Itemized Contrib	utions fro	m Individu	ıals			
Last Name Matthews	First Name Jeffrey		MI	Cash	contribution: Personal C	heck 0088	ntion ID#	Amount of Contribution
Residential Street Address 230 Penfield Rd		City Fairfield		State CT	Zip Code 06824	Date Receive 06/23/20		
Principal Occupation Investments		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contr	ibutions 2,000.00	\$2,000.00
Last Name Sargent	First Name Mary		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0042	ntion ID#	Amount of Contribution
Residential Street Address 25 Colony Rd		City West Hartford		State CT	Zip Code 06117	Date Receive 06/24/20		
Principal Occupation		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contr	sbutions \$100.00	\$100.00
Last Name Kezer	First Name Pauline		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 0095	ntion ID#	Amount of Contribution
Residential Street Address 47 Owaneco Trl		City Old Saybrook		State CT	Zip Code 06475	Date Receive 06/27/20		
Principal Occupation Consultant (Retired)		Name of Employer Self (Retired)			Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contr	stutions \$100.00	\$100.00
Last Name Holub	First Name Eric		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 0090	ntion ID#	Amount of Contribution
Residential Street Address 137 Route 37 S		City Sherman		State CT	Zip Code 06784	Date Receive 06/27/20		
Principal Occupation Financial Manager		Name of Employer IBM		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contr	sbutions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Dean 2010							Orig	inal 07/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals		•	
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Kuck	M. Peter			Cash Money	Personal Ch x Credit/Debi	00	096	Contribution
Residential Street Address		City		State	Zip Code	Date R	Received	7
602 Park Rd		West Hartford		СТ	06107	06/28	8/2010	_
Principal Occupation Part time computer repair		Name of Employer Self Employed/Retired			Is this contribution associat fundraising event listed in S		Yes	
			-		If yes, list Event #		No No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		ontribution ID #	Amount of
Knapp	T William			Cash Money	Personal Ch y Order X Credit/Debi	0:	105	Contribution
Residential Street Address 171 Collier Rd		City Wethersfield		State CT	Zip Code 06109		Received 8/2010	
				Ci	Is this contribution associat	_		\dashv
Principal Occupation Retired		Name of Employer None			fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$200.00	\$100.00
government the contract is with: Last Name	First Name		I _{MI}		contribution:		ontribution ID #	
McManus	Vincent			Cash	X Personal Ch y Order Credit/Debi	eck 00	051	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date R	Received	
1 Blackberry Ln		Wallingford		СТ	06492	06/29	9/2010	
Principal Occupation Attorney		Name of Employer Self-Employed			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggregate	Contributions	11,000,00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	□ Y	res x	No		\$1,000.00	\$1,000.00
Last Name	First Name		MI	Method of	contribution:	Co	ontribution ID #	Amount of
Aron	Michael			Cash Money	Personal Ch x Credit/Debi	0:	100	Contribution
Residential Street Address		City		State	Zip Code	Date R	Received	
40 Quaker Ln		West Hartford		СТ	06119	06/29	9/2010	_
Principal Occupation Senior Software Engineer		Name of Employer XL Group			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Dean 2010							-	Origina	al 07/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Savin	David			Cash Money	Personal Cl x Credit/Deb		0102		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
65 Sunset Farm Rd		West Hartford		СТ	06107	06	5/30/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Mang. partner		Aldin Associates			If yes, list Event #		X	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No	1	utor a lobbyis	-	Aggrega	ate Contributio	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	-		\$1,00	0.00	\$1,000.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Amodio	Jayne			Cash Money	y Order X Personal Cl		0109		Contribution
Residential Street Address		City		State	Zip Code		te Received		
5 Belgravia Ter		Farmington		СТ	06032	06	5/30/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1^1	Yes	
Self-Employed		Self-Employed			· -	802010a	1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	1	utor a lobbyis	-	Aggrega	ate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative	1 ⁻	child of a lob	•		\$20	0.00	\$200.00
government the contract is with: Last Name	First Name	Executive Engistative	I _{MI}		contribution:	<u> </u>	0 (7 (т. "	
Gardner	Bruce		IVII	Cash	X Personal Cl	heck	Contribution 0110	ID#	Amount of Contribution
		ı		Money	y Order Credit/Deb	it Card	0110		
Residential Street Address		City		State	Zip Code		te Received 5/30/2010		
PO Box 369		Windham		СТ	06280				
Principal Occupation Manager		Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in		, Ц	Yes	
					If yes, list Event #		x	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contributio	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 ⁻	es x	•		\$1,00	0.00	\$1,000.00
Last Name	First Name		MI	Method of	contribution:	<u> </u>	Contribution	ID#	Amount of
Oberg	Anne			Cash Money	x Personal Cl y Order Credit/Deb		0112		Contribution
Residential Street Address	1	City		State	Zip Code		te Received		
20 Clear Brk		Farmington		СТ	06032	06	30/2010		
Principal Occupation		Name of Employer		•	Is this contribution associa		1^1	Yes	
Community Activist		None			fundraising event listed in If yes, list Event # 063		1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggreg	ate Contributio	ons	
Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	-			5.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Dean 2010							Ori	iginal 07/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name	First Name		MI		contribution:		Contribution ID	7 timount of
Rubino	Elizabeth			Cash Money	y Order Credit/Debi	0)113	Contribution
Residential Street Address 4 Townsend Rd		City Farmington		State CT	Zip Code 06032		Received 30/2010	
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associa	ted with a	X Yes	,
None		None	_		fundraising event listed in If yes, list Event # 063	Section J1? 02010a	☐ No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$245.0	\$100.00
Last Name Strathearn	First Name Jeanne		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 231 Mountain Spg		City Farmington		State CT	Zip Code 06032		Received 30/2010	
Principal Occupation Dentist		Name of Employer Self-Employed		!	Is this contribution associa fundraising event listed in If yes, list Event # 063		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$195.0	\$50.00
Last Name Schiff	First Name Peter		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID :	# Amount of Contribution
Residential Street Address 2 W Branch Rd		City Weston		State CT	Zip Code 06883		Received 30/2010	
Principal Occupation President		Name of Employer Europacific Capitol		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	\$2,000.0	\$2,000.00
Last Name Leonhardt	First Name Mary		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 198 Talcott Notch Rd		City Farmington		State CT	Zip Code 06032		Received 30/2010	
Principal Occupation None		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Dean 2010							Origina	al 07/12/2010	
B. Itemized Contributions from Individuals									
Last Name Bernier	First Name Normand		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	0104	tion ID#	Amount of Contribution	
Residential Street Address 19 S Ridge Rd		City Farmington		State CT	Zip Code 06032	Date Receive 06/30/202	-		
Principal Occupation None		Name of Employer Retired			Is this contribution associat fundraising event listed in S If yes, list Event # 063t	Section J1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No					butions \$150.00	\$50.00			
Total of Section B							\$19,225.00		
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14 o	of Summary Page)	\$21,437.00	

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

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

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

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

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	FILING DUE DATE									
Dean 2010	Dean 2010									
	F. Anonymous Contributions									
Date Received	Amount									

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

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

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

	II. FUNDRAISING	G EVENT ACTIVITY					
NAME OF					FILING D	OUE I	DATE
COMMITTEE Dean 2010					Original 0	7/12	/2010
	J1. Fundra	nising Event Information					
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City		State	Zip Code
Date of Fundraiser Letter 06/10/2010 a	Meet and Greet Event	5 Ensign Dr		Avon		СТ	06001
Was this fundraising event ho	osted at a personal residence?	•	Yes	x 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 X No							
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	x No			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City		State	Zip Code
06/30/2010 a	Meet and Greet Event	162 Town Farm Rd		Farmington		СТ	06032
Was this fundraising event ho	osted at a personal residence?	•	Yes	x No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No			
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	x No			

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE						FILING	G DUE DATE			
Dean 2010						Origin	nal 07/12/2010			
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment: Cash Pe	Aggregate Amount of Purchases						
Residential Street Address	City	State	Zip Code	Date Received	Event #					
Items Purchased										
Total of Section J2										

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Dean 2010							Origin	al 07/12/2010		
J3. In-Ki	nd Donations Not Considered Contribut	ions								
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation		
Street Address	City		State	Zip	Code	Aggregate value for this even				
Description of Donation		Date	Receive	d	Event #					
						Total of Se	ction J3			

	III. I	NONMO	ONETARY RECEIPTS					
NAME OF COMMITTEE							FILING I	DUE DATE
Dean 2010							Original	07/12/2010
	К.	In-Kind	Contributions					
Name Kostal Nancy						Date Receive		Fair Market Value of this Contribution
Street Address 31 Rosewood Rd		City Avon		State CT	Zip Code 06001			
x Individual sp	s Contributor a lobbyist, pouse, or dependent child f a lobbyist?	Yes x No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		ospective state Execu		Yes No Legislative	
Is this contribution associated with a fundraisin listed in Section II? If yes, list Event# 06102010a		Yes	scription of In-Kind Contribution ood and beverages for Fundraiser			Aggregate contr	ibutions \$105.00	\$105.00
Name Frost Myra						Date Receive 06/10/20		Fair Market Value of this Contribution
Street Address 355 Country Club Rd		City Avon		State CT	Zip Code 06001			
x Individual sp	s Contributor a lobbyist, pouse, or dependent child f a lobbyist?	Yes x No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		ospective state		Yes No Legislative	
Is this contribution associated with a fundraisin listed in Section J1? If yes, list Event# 06102010a		Yes	scription of In-Kind Contribution ood and Beverages for Fundraiser			Aggregate contr	\$105.00	\$105.00
Name Nyklicek Judy						Date Receive 06/10/20		Fair Market Value of this Contribution
Street Address 20 Ariel Way		City Avon		State CT	Zip Code 06001			
x Individual sp	s Contributor a lobbyist, pouse, or dependent child f a lobbyist?	Yes x No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		ospective state		Yes No Legislative	
Is this contribution associated with a fundraising listed in Section J1? If yes, list Event# 06102010a		Yes	scription of In-Kind Contribution and Beverages for Fundraiser			Aggregate contr	ibutions	\$105.00

	III. NONMONETARY RECEIPTS									
NAME OF COMMITTEE							FILING	DUE DATE		
Dean 2010							Origina	l 07/12/2010		
	K. In-	Kind (Contributions							
Name Corbett Portia						Date Rece 06/30/2		Fair Market Value of this Contribution		
Street Address Mountain Spring Road		City Farmi	ington	State CT	Zip Code 06032					
x Individual s	Individual spouse, or dependent child of a lobbyist? Individual spouse, or dependent child of a lobbyist? Individual of a lobbyist? Individual Individual of a lobbyist?						Yes No Legislative			
Is this contribution associated with a fundraisi listed in Section II? If yes, list Event# 06302010a	yes Yes No		od and Beverages for Fundraiser			Aggregate cor	stributions \$145.00	\$145.00		
Name Rubino Elizabeth						Date Rece 06/30/2		Fair Market Value of this Contribution		
Street Address 4 Townsend Rd		City Farmi	ington	State CT	Zip Code 06032					
x Individual s	is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches of government the contract is with:		ospective state Execut	tive	Yes No Legislative			
Is this contribution associated with a fundraisi listed in Section J1? If yes, list Event# 06302010a	ing event X Yes No		scription of In-Kind Contribution od and Beverages			Aggregate cor	\$245.00	\$145.00		
Name Oberg Anne						Date Rece 06/30/2		Fair Market Value of this Contribution		
Street Address 20 Clear Brk		City Farmi	ington	State CT	Zip Code 06032					
Type of Contributor: Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or prospective state Yes contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislat						ī				
Is this contribution associated with a fundraist listed in Section J1? If yes, list Event# 06302010a	yes Yes No		scription of In-Kind Contribution od and Beverage			Aggregate cor	stributions	\$145.00		

	III. NONMONETARY RECEIPTS									
NAME OF COMMITTEE							FILING I	DUE DATE		
Dean 2010							Original	07/12/2010		
K. In-Kind Contributions										
Name Strathearn Jeanne						Date Receive		Fair Market Value of this Contribution		
Street Address 231 Mountain Spg		City State Zip Code CT 06032								
Type of Contributor: Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Is Contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches of government the contract is with:										
Is this contribution associated with a fundrelisted in Section J1? If yes, list Event# 06302010a	aising event X Yes No		ecription of In-Kind Contribution			Aggregate contr	ibutions \$195.00	\$145.00		
Name Staib Judith						Date Receive		Fair Market Value of this Contribution		
Street Address 43 Diamond Glen Rd										
Type of Contributor: Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Individual Committee Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes contractor? If yes, indicate which branch or branches of government the contract is with:							Yes No .egislative			
Is this contribution associated with a fundr listed in Section J1? If yes, list Event# 06302010a	aising event X Yes No		scription of In-Kind Contribution od and Beverages			Aggregate contr	ibutions \$145.00	\$145.00		
					•	Total of	Section K	\$1 040 00		

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	First Name			Date Received		Amount of Deposit				
Street Address	City		State	Zip Code							
Name of Telephone company											
Street Address	City				State	Zip Code					
	L										

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

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Khristina Surgeon Street Address 160 Adams St Description	City Hartford	State CT	Zip Code 06112	Date of Payment 04/09/2010 Purpose of Expenditure WAGE	Method of Pays X Check # 1004 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$294.14
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples, Inc.				04/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1005		
15 Albany Tpke	Simsbury	СТ	06092	PRNT	Debit Car	rd	
Description Printed Materials			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$142.04
X No				<u> </u>	1		φ142.04
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Malcolm McGough			_	04/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1006		
144 Reverknolls	Avon	СТ	06001	RCW	Debit Car	ď	
Description Staples Printed Material					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$474.84

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Staples, Inc.				Date of Payment 04/15/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1007		
15 Albany Tpke	Simsbury	СТ	06092	OFFICE	Debit Car	d	
Description Paper for Printing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Vame		Office Sought			\$93.34
Name of Payee				Date of Payment	Method of Pay	ment	Amount
				04/28/2010	l `		- Imount
Khristina Surgeon		l			X Check #		
Street Address	City	State	Zip Code 06112	Purpose of Expenditure WAGE	Debit Car	rd	
160 Adams St Description	Hartford	СІ	00112	WAGE	Event #	-	
Description					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Jame		Office Sought			
X No							\$349.08
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples	Τ	1	1	04/29/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1009		
15 Albany Tpke	Simsbury	СТ	06092	PRNT	Debit Car	·d	
Description Printed Material					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			\$142.04
X No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Edonation				Date of Payment 04/30/2010	Method of Pays	ment	Amount
Street Address 117 N Saint Asaph St .	City Alexandria	State VA	Zip Code 22314	Purpose of Expenditure WEB	X Debit Car	rd	
Description On-Line Contributions					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Vame		Office Sought			\$349.08
Name of Payee EDonation				Date of Payment 05/06/2010	Method of Paye	ment	Amount
Street Address 117 N Saint Asaph St	City Alexandria	State	Zip Code	Purpose of Expenditure WEB	1011 Debit Car	rd	
Description Set-Up Fee	According	1			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			
X No							\$400.00
Name of Payee ABC Signs			_	Date of Payment 05/07/2010	Method of Pay	ment	Amount
Street Address 5851 Larue Steiner Rd	City Theordore	State AL	Zip Code 36582	Purpose of Expenditure A-SIGN	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			\$532.23
X No							\$JJZ.ZJ

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Committee						
Name of Payee Staples				Date of Payment 05/07/2010	Method of Payı X Check #	nent	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1010		
15 Albany Tpke	Simsbury	СТ	06092	PRNT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$142.04
Name of Payee				Date of Payment	Method of Payr	nent	Amount
				X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	1012		
160 Adams St	Hartford	CT	06112	WAGE	Debit Car	d	
Description	1.0.000		1	1	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$349.08
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Travelocity			ı	05/11/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3150 Sabre Dr .	Southlake	TX	76092	ATT *	X Debit Car	d	
	Description Event # Attendee: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/14/10 to 5/16/2010, Location: Charlotte, North Carolina, Entity Sponsoring Event: National Rifle						
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No				Office Sought	l		\$1,033.90

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
NRA				05/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	 		
11250 Waples Mill Rd	Fairfax	VA	22030	ATT *	X Debit Car	rd	
Description Attendee: Martha Dean, 15 Ensign Drive, A Location: Charlotte, North Carolina	Avon, CT 06001, Date of Event: 5/16/1	.0,			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$135.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				05/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1013</u>		
15 Albany Tpke	Simsbury	СТ	06092	PRNT	Debit Car	^r d	
Description		-	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$142.04
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Bruegger's Bagels			1	05/19/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
45 E Main St	Avon	СТ	06001	FOOD	X Debit Car	d	
Description Food for Campaign Meeting					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$17.25
X No							· · ·

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Fast Signs			•	05/21/2010	Check #		
Street Address	City	State CT	Zip Code 06042	Purpose of Expenditure A-OTH	X Debit Car	rd	
1540D Pleasant Valley Rd Description	Manchester	CI	06042	A-OTH			
Stickers					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,831.68
Name of Payee				Date of Payment	Method of Pay	ment	Amount
EventBrite				05/23/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1620 Newfield Ave	Stamford	СТ	06905	ATT *	X Debit Car	ď	
Description			-		Event #		
Name of Attendee: Martha Dean, 15 Ensig Location of Event: 1620 Newfield Ave, Sta			2010,				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$125.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples			ı	05/23/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
15 Albany Tpke	Simsbury	СТ	06092	OFFICE	X Debit Car	ď	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$193.95
X No							Ψ1,55.95

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Pays	ment	Amount
LAZ Parking	<u> </u>	1	1	05/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure ATT *	X Debit Car	·d	
100 Columbus Blvd Description	Hartford	СТ	06103	ATT **	Event #	<u> </u>	
Nathaniel Schindler, 15 Ensign Dr, Avon, 0 100 Columbus Blvd, Hartford, CT, Sponso		ocatio	n:		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$19.00
Name of Payee				Date of Payment	Method of Paya	ment	Amount
Dunkin Donuts			,	05/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
75 E Main St	Avon	СТ	06001	FOOD	X Debit Car	d	
Description Food for Volunteers for Convention					Event #		
Tood for Volunteers for Convention							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	Name		Office Sought	•		
Yes X No							\$27.93
Name of Payee				Date of Payment	Method of Pay	ment	Amount
LAZ Parking				05/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
100 Columbus Blvd	Hartford	СТ	06103	ATT *	X Debit Car	d	
Description					Event #		
Nathaniel Schindler, 15 Ensign Dr, Avon, 0 100 Columbus Blvd, Hartford, CT, Sponso		ocatio	n:				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) !	Name		Office Sought			
Yes X No							\$19.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Khristina Surgeon	Ch		- a.	Date of Payment 05/26/2010	Method of Payr X Check # 1017	ment	Amount
Street Address 160 Adams St	City Hartford	State	Zip Code 06112	Purpose of Expenditure WAGE	Debit Car	ď	
Description	nartioru	<u> </u>	00112	WAGE	Event #		
					Event "		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$316.76
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Malcolm McGough				05/26/2010	1		, moun
	a:	L	1		X Check #		
Street Address 15 Ensign Dr	City	State	Zip Code 06001	Purpose of Expenditure RCW	Debit Car	d	
Description	Avon	<u> </u>	00001	IKCW	Event #		
					Event		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$38.14
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Martha Dean		1		05/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1019 Debit Car	.d	
15 Ensign Dr	Avon	СТ	06001	RCW	 	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			\$676.49
X No							\$0/0.49

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Martha Dean				Date of Payment 05/26/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1020</u>		
15 Ensign Dr	Avon	СТ	06001	RCW	Debit Car	d d	
Description	•		•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Vame		Office Sought			
Yes X No							\$188.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bank of America				05/28/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
240 W Main St	Avon	СТ	06001	BNK	X Debit Car	rd	
Description			•		Event #		
Monthly Maintenance Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) !	Name		Office Sought			
Yes X No							\$13.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Edonation				05/31/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
117 N Saint Asaph St .	Alexandria	VA	22314	WEB	X Debit Car	d d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes X No							\$149.72
X No							i e e e e e e e e e e e e e e e e e e e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Malcolm McGough				Date of Payment 06/10/2010	Method of Pays	ment	Amount
Street Address	City	State CT	Zip Code 06001	Purpose of Expenditure	1023 Debit Car	d	
15 Ensign Dr Description	Avon	СТ	06001	RCW	Event #	<u> </u>	
Description					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$509.76
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				06/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1022</u>		
15 Albany Tpke	Simsbury	СТ	06092	PRNT	Debit Car	d	
Description		•	•	•	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	l		
X No							\$182.78
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples	Г		ı	06/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1026</u>		
15 Albany Tpke	Simsbury	СТ	06092	PRNT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$142.04
X No							Ψ172.07

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Khristina Surgeon				Date of Payment 06/14/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1025</u>		
160 Adams St	Hartford	СТ	06112	WAGE	Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$526.14
				1			
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Weston RTC	Г		1	06/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1024</u>		
25 Grays Farm Rd	Weston	СТ	06883	ATT *	Debit Car	d	
Description Name of Attendee: Martha Dean, 15 Ensign Location of Event: Weston, CT, Sponsoring			010,		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$130.00
X No				<u> </u>	1		<u> </u>
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Paul Pacelli				06/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1027</u>		
106 Putter Dr	Wallingford	СТ	06492	CNSLT	Debit Car	d	
Description Media Consultant					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought	l		\$400.00
No No							i e

	IV. EXPENDITURE	S						
NAME OF COMMITTEE						FILI	NG DUE DATE	
Dean 2010						Origi	nal 07/12/2010	
	N. Expenses Paid By Committee							
Name of Payee Khristina Surgeon				Date of Payment 06/25/2010	Method of Payı	nent	Amount	
Street Address	City	State	Zip Code 06112	Purpose of Expenditure WAGE	1028 Debit Car	d		
160 Adams St Description	Hartford	СТ	06112	WAGE	Event #	<u> </u>		
Description					Event#			
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$497.05	
Name of Payee				Date of Payment	Method of Payı	nent	Amount	
Paul Pacelli 06/30/2010					X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1029</u>			
106 Putter Dr	Wallingford	СТ	06492	CNSLT	Debit Car	d		
Description Media Consultant			•	•	Event #			
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	T Other Candidate(s) N	lame		Office Sought	ļ.			
X No							\$400.00	
Name of Payee				Date of Payment	Method of Payı	nent	Amount	
Paul Pacelli				06/30/2010	X Check #			
Street Address	City	State CT	Zip Code 06492	Purpose of Expenditure CNSLT	1030 Debit Car	d		
106 Putter Dr Description	Wallingford	<u> </u>	00492	CINSEI	Event #			
Media Consultant					Event #			
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$400.00	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dean 2010						Origi	nal 07/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Edonations				Date of Payment 06/30/2010	Method of Pay	ment	Amount
Street Address 117 N Saint Asaph St .	City Alexandria	State VA	Zip Code 22314	Purpose of Expenditure WEB	X Debit Car	rd	
Description On-Line Contributions					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$456.18
					Total of Se	ction N	\$11,838.72

	IV.	EXPENDITURES					
NAME OF COMMITTE	EE					FILIN	IG DUE DATE
Dean 2010						Origin	nal 07/12/2010
	O. Cam	paign Expenses Paid By Candid	ate			•	
Name of Payee Law Offices of Martha A.				Date of Payme 04/30/201	C	Reimbursement laimed?	Amount
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001		Yes X No	
Purpose of Expenditure OVHD	Description Office Space				Event #		\$1,000.00
Name of Payee Law Offices of Martha A.				Date of Payme 05/31/201	C	Reimbursement laimed?	Amount
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001		Yes X No	
Purpose of Expenditure OVHD	Description Office Space				Event #		\$1,000.00
Name of Payee Law Offices of Martha A.				Date of Payme 06/30/201	C	Reimbursement laimed?	Amount
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001		Yes X No	
Purpose of Expenditure OVHD	Description Office Space				Event #		\$1,000.00
Name of Payee Martha A. Dean				Date of Payme 06/30/201	C	Reimbursement laimed?	Amount
Street Address 15 Ensign Dr	_	City Avon	State CT	Zip Code 06001		X Yes No	
Purpose of Expenditure TRVL	Description 3000 Miles Travelled				Event #		\$1,362.00
					1	Total of Section	\$4,362.00

NAME OF COMMITTEE						FI	LING DUE DATE
Dean 2010						Or	riginal 07/12/2010
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution			Type of Credit C	ard:			
			Visa	Master Card	Discover	Amer	rican
			Other				
Name of Vendor					Date of Transaction		Amount
Street Address		City	State	Zip Code			
Purpose of Expenditure	Description			!	Event #		
					Total of Section	n P	

	IV. EXPE	ENDITURES				
NAME OF CO	MMITTEE				FILING DU	E DATE
Dean 2010					Original 07	/12/2010
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period		·	
Name of Creditor Khristina Surg	eon		Date Incurred 05/21/2010	Event #		Amount Incurred (Estimate or
Street Address 160 Adams St		City Hartford		State CT	Zip Code 06112	Actual)
Purpose of Expenditure TRVL	Description Parking for Convention - Staff					
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$30.00
Name of Creditor Malcolm McGo	ugh		Date Incurred 05/25/2010	Event #		Amount Incurred (Estimate or
Street Address 144 Reverknol	ls	City Avon		State CT	Zip Code 06001	Actual)
Purpose of Expenditure A-OTH	Description Video of Convention					
Is this expenditure which reimbursemed Yes X No	coordinated with another candidate for Other Candida ont is sought?	te(s) Name	Office Sought			\$63.60

IV. EXPE	ENDITURES							
NAME OF COMMITTEE				FILIN	G DUE DATE			
Dean 2010				Origin	al 07/12/2010			
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Khristina Surgeon		Date Incurred 06/30/2010	Event #		Amount Incurred (Estimate or			
Street Address 160 Adams St	City Hartford		State CT	Zip Code 06112	Actual)			
Purpose of Expenditure WAGE Description Wages								
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	te(s) Name	Office Sought			\$500.00			
			Total of	Section Q	\$593.60			

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dean 2010					Origin	nal 07/12/2010
R. Itemization of Reimburse	ements to Committee	Workers and	Consultants			
Name of Worker/Consultant Malcolm McGough Secondary Payee	Date of Payment 04/14/2010 Purpose of Expenditure		2010	Method of Paym X Check # 1006		Amount
Staples		PRNT		Debit Card	i	
Street Address 15 Albany Tpke	City Simsbury		State CT	Zip Code 06092		
which reimbursement is sought? Yes	date(s) Name	Office	Sought			
X No						\$474.84
Name of Worker/Consultant Martha Dean		Date of Pa 05/14/	-	Method of Payment X Check #		Amount
Secondary Payee Chambers Grill		Purpose o	f Expenditure	1019 Debit Care	i	
Street Address 201 S McDowell St	City Charlotte		State NC	Zip Code 28204		
Description Name and Address of Individual Attending Event: Martha Dean, Event5/14/10 to 5/16/10, Location of Event: Charlotte, North Ca	_			Event#		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought	•		\$54.07

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dean 2010					Origin	nal 07/12/2010
R. Itemization of Reimburso	ements to Committee Wor	kers and	Consultants		•	
Name of Worker/Consultant Martha Dean			Method of Payn X Check #	nent	Amount	
Secondary Payee Room Service		Purpose of Expenditure FOOD		Debit Care	d	
Street Address 201 S McDowell St	City Charlotte		State NC	Zip Code 28204		
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name					\$16.00
Name of Worker/Consultant Martha Dean			Date of Payment Method of X 05/14/2010 X Che Purpose of Expenditure TRVL Deb		nent	Amount
Secondary Payee Speedy Cab					d	
Street Address 2020 Eaton Rd	City Charlotte		State NC	Zip Code 28205		
Description Name and Address of Individual Attending Event: Martha Dean, Event5/14/10 to 5/16/10, Location of Event: Charlotte, North Ca				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$28.00

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dean 2010					Origin	nal 07/12/2010
R. Itemization of Reimburso	ements to Committee Wor	kers and	Consultants			
Name of Worker/Consultant Martha Dean			-	Method of Payn X Check #	nent	Amount
Secondary Payee Pearl Limousine		Purpose of Expenditure TRVL		Debit Care	d	
Street Address 3925A Morris Field Dr	City Charlotte		State NC	Zip Code 28208		
Description Name and Address of Individual Attending Event: Martha Dean, Event5/14/10 to 5/16/10, Location of Event: Charlotte, North Ca	Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$28.00
Name of Worker/Consultant Martha Dean		Date of P	-	Method of Payn X Check #	nent	Amount
Secondary Payee US Airways		Purpose o	of Expenditure	1020 Debit Care	d	
Street Address 915 Main St	City Hartford		State CT	Zip Code		
Description Name and Address of Individual Attending Event: Martha Dean, Event5/14/10 to 5/16/10, Location of Event: Charlotte, North Ca				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$25.00

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dean 2010					Origin	nal 07/12/2010
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Martha Dean			Method of Paym	nent	Amount	
Secondary Payee NRA		Purpose of Expenditure ATT *		1020 Debit Card	d	
Street Address 11250 Waples Mill Rd	City Fairfax		State VA	Zip Code 22030		
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$150.00
Name of Worker/Consultant Malcolm McGough		Date of P. 05/17/		Method of Paym	nent	Amount
Secondary Payee Staples		Purpose o	te of Expenditure Debi		d	
Street Address 15 Albany Tpke	City Simsbury		State CT	Zip Code 06092		
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$38.14

IV. E	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dean 2010					Origin	nal 07/12/2010
R. Itemization of Reimburs	ements to Committee Wor	kers and	Consultants			
Name of Worker/Consultant Malcolm McGough Secondary Payee Staples		Date of P 05/21/ Purpose of PRNT	-	Method of Paym X Check # 1023 Debit Card		Amount
Street Address 15 Albany Tpke	City Simsbury	TRIVI	State CT	Zip Code 06092		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes	idate(s) Name	Office	Sought	Event #		
X No		1		1		\$509.76
Name of Worker/Consultant Martha Dean		Date of P		Method of Paym	ent	Amount
Secondary Payee LAZ Parking Republican Convention		Purpose o	of Expenditure	1020 Debit Card		
Street Address 100 Columbus Blvd	City Hartford		State CT	Zip Code 06103		
Description Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/2 Hartford, CT, Sponsored by CT Republican Party	25/2010, Location: 100 Colum	bus Blvd,		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$13.00

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Dean 2010					Origin	nal 07/12/2010		
R. Itemization of Reimburse	ements to Committee Wo	orkers and	Consultants					
Name of Worker/Consultant Martha Dean			Date of Payment 05/26/2010				nent	Amount
Secondary Payee Crowne Plaza		Purpose of Expenditure TRVL		1019 Debit Card	i			
Street Address 201 S McDowell St	City Charlotte		State NC	Zip Code 28204				
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA								
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$550.42		
				Total of Se	ection R	\$1,887.23		

IV. EXPF	ENDITURES					
NAME OF COMMITTEE				FII	LING DUE DATE	
Dean 2010				Ori	ginal 07/12/2010	
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient					Original Purchase Amount of Item	
Street Address	City	State	Zip Code			
Description						
			Total of Section	on S		