

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 193

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Jonathan Harris 2010*					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Eliott	MI C	Last Ponte	Suffix		
4. TREASURER ADDRESS						
Street Address 200 Bloomfield Ave		City West Hartford		State CT	Zip Code 06117	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Secretary of the State				
8. CANDIDATE NAME						
Title	First Jonathan	MI A.	Last Harris	Suffix		
9. TYPE OF REPORT						
July 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
04/01/2010 thru 06/30/2010						
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Eliott Ponte		07/12/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Jonathan Harris 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	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$22,792.00	\$22,792.00
15. Receipts from Other Committees (Sections C1 + C2)	\$26,698.27	\$26,698.27
16. Other Monetary Receipts (Section D-I)	\$218.00	\$218.00
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)	\$49,708.27	\$49,708.27
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$49,708.27	\$49,708.27
20. Expenses Paid by Committee (Section N)	\$43,039.52	\$43,039.52
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$6,668.75	\$6,668.75
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$250.00	\$250.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$3,086.65	\$3,086.65
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)	\$6,473.81	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$6,473.81	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

Subtotal Section A**\$0.00****B. Itemized Contributions from Individuals**

Last Name Lappen	First Name Phyllis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 433	Amount of Contribution
Residential Street Address 31 Mallard Dr .	City Avon	State CT	Zip Code 06001	Date Received 04/02/2010		
Principal Occupation	Name of Employer Not employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$18.00	\$18.00	
Last Name Spiegelman	First Name Rosalyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 434	Amount of Contribution
Residential Street Address 144 S Main St	City West Hartford	State CT	Zip Code 06107	Date Received 04/02/2010		
Principal Occupation	Name of Employer Not employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00	
Last Name Zelman	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 435	Amount of Contribution
Residential Street Address 11 Proctor Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 04/02/2010		
Principal Occupation PhD.	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00	
Last Name Most	First Name Shari	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 436	Amount of Contribution
Residential Street Address 140 W Ridge Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 04/03/2010		
Principal Occupation Medical Secretary	Name of Employer Dr. Robert Rudnicki	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Yush	First Name Annette	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 441	Amount of Contribution
Residential Street Address 10 Westview Dr .	City Bloomfield	State CT	Zip Code 06002	Date Received 04/05/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Feltman	First Name Philip	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 442	Amount of Contribution
Residential Street Address 20 W Ridge Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 04/05/2010		
Principal Occupation Pharmacist	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Glazier	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 443	Amount of Contribution
Residential Street Address 1817 Asylum Ave .	City West Hartford	State CT	Zip Code 06117	Date Received 04/06/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Green	First Name Marc	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 444	Amount of Contribution
Residential Street Address 17 Schuyler Ln	City West Hartford	State CT	Zip Code 06002	Date Received 04/06/2010		
Principal Occupation Owner	Name of Employer Lux Bond & Green	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Zeldis	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 445	Amount of Contribution
Residential Street Address 62 Pilgrim Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 04/06/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Goldstein	First Name Evan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 447	Amount of Contribution
Residential Street Address 14 Mountain Rd .	City Farmington	State CT	Zip Code 06032	Date Received 04/06/2010		
Principal Occupation Attorney	Name of Employer Updike, Kelly and Spellacy	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Arnow	First Name Elaine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 446	Amount of Contribution
Residential Street Address 5 Aspetuck Ln	City Westport	State CT	Zip Code 06880	Date Received 04/06/2010		
Principal Occupation Realtor	Name of Employer William Raveis	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00		
Last Name Levine	First Name Shirley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 448	Amount of Contribution
Residential Street Address 48 Fox Chase Ln .	City West Hartford	State CT	Zip Code 06117	Date Received 04/07/2010		
Principal Occupation	Name of Employer not employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bloom	First Name Edith	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 449	Amount of Contribution
Residential Street Address 20 Devenwood Dr .	City Farmington	State CT	Zip Code 06032	Date Received 04/07/2010		
Principal Occupation Retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Nemergut	First Name Greg	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 450	Amount of Contribution
Residential Street Address 20 Sulgrave Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 04/07/2010		
Principal Occupation Owner	Name of Employer West Side Wines & Spirits		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Needle	First Name Debbie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 452	Amount of Contribution
Residential Street Address 27 Hilldale Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 04/07/2010		
Principal Occupation Administrator	Name of Employer Watkinson School		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Berman	First Name Elliot	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 451	Amount of Contribution
Residential Street Address 11 Chestnut Hill Rd	City West Hartford	State CT	Zip Code 06107	Date Received 04/07/2010		
Principal Occupation Dentist	Name of Employer Sorokin & Berman		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Greenspoon	First Name Albert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 455	Amount of Contribution
Residential Street Address 10 Emily Way	City West Hartford	State CT	Zip Code 06107	Date Received 04/08/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Mandell	First Name Geri	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 453	Amount of Contribution
Residential Street Address 100 Steele Rd .	City West Hartford	State CT	Zip Code 06119	Date Received 04/08/2010		
Principal Occupation Office Administrator	Name of Employer Dr. Jay Mandell	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Goldberg	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 454	Amount of Contribution
Residential Street Address 39 Waterside Ln	City West Hartford	State CT	Zip Code 06107	Date Received 04/08/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Magnan	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 456	Amount of Contribution
Residential Street Address 869 Farmington Ave	City West Hartford	State CT	Zip Code 06119	Date Received 04/09/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00		
\$35.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Nash	First Name Rosemarie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 457	Amount of Contribution \$50.00
Residential Street Address 124 Songbird Ln	City West Hartford	State CT	Zip Code 06032	Date Received 04/09/2010		
Principal Occupation	Name of Employer Not employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Cunningham	First Name Glenn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 460	Amount of Contribution \$100.00
Residential Street Address 89 Van Buren Ave	City West Hartford	State CT	Zip Code 06107	Date Received 04/09/2010		
Principal Occupation	Name of Employer Shipman & Goodwin		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Andrews	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 459	Amount of Contribution \$25.00
Residential Street Address 178 Westland Ave .	City West Hartford	State CT	Zip Code 06107	Date Received 04/09/2010		
Principal Occupation Nurse	Name of Employer West Hartford Board of Education		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Schwartz	First Name Freda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 478	Amount of Contribution \$100.00
Residential Street Address 60 Cassandra Blvd .	City West Hartford	State CT	Zip Code 06107	Date Received 04/10/2010		
Principal Occupation Nursing Home Operator	Name of Employer West Hartford Health & Rehab		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Brel	First Name Andrei	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 476	Amount of Contribution \$100.00
Residential Street Address 2 Park Place Cir	City West Hartford	State CT	Zip Code 06110	Date Received 04/11/2010		
Principal Occupation President	Name of Employer Juniper Health Care	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Ma	First Name Naogan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 471	Amount of Contribution \$50.00
Residential Street Address 90 Grennan Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 04/11/2010		
Principal Occupation teacher	Name of Employer Trinity	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Brel	First Name Zhanna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 475	Amount of Contribution \$100.00
Residential Street Address 2 Park Place Cir .	City West Hartford	State CT	Zip Code 06110	Date Received 04/11/2010		
Principal Occupation Owner	Name of Employer Elmwood Kitchen	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Brel	First Name Julia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 477	Amount of Contribution \$100.00
Residential Street Address 25 Riverview	City Avon	State CT	Zip Code 06001	Date Received 04/11/2010		
Principal Occupation School Psychologist	Name of Employer Bloomfield Public Schools	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Tharau	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 473	Amount of Contribution \$25.00
Residential Street Address 5 Polly Dan Rd	City Burlington	State CT	Zip Code 06013	Date Received 04/11/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Elling	First Name Ray	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 470	Amount of Contribution \$50.00
Residential Street Address 9K Talcott Glen Rd	City Farmington	State CT	Zip Code 06032	Date Received 04/11/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Stango	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 467	Amount of Contribution \$100.00
Residential Street Address 85 Hampton Ct	City Southbury	State CT	Zip Code 06488	Date Received 04/11/2010		
Principal Occupation Investment Officer	Name of Employer Wells Fargo Advisors		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Stango	First Name Maria	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 468	Amount of Contribution \$100.00
Residential Street Address 85 Hampton Ct	City Southbury	State CT	Zip Code 06488	Date Received 04/11/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bourgoin	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 469	Amount of Contribution
Residential Street Address 3 Sheila Ct	City Bristol	State CT	Zip Code 06010	Date Received 04/11/2010		
Principal Occupation Home Health Aide	Name of Employer M.R. Home Care, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Muskjian	First Name Evelyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 474	Amount of Contribution
Residential Street Address 2 Boxwood Rd .	City Farmington	State CT	Zip Code 06032	Date Received 04/11/2010		
Principal Occupation	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Daly	First Name John	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 472	Amount of Contribution
Residential Street Address 2 Boxwood Rd .	City Farmington	State CT	Zip Code 06032	Date Received 04/11/2010		
Principal Occupation Student	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00		
Last Name Tandy	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 503	Amount of Contribution
Residential Street Address 174 Rosemary Ln	City South Windsor	State CT	Zip Code 06074	Date Received 04/12/2010		
Principal Occupation dentist	Name of Employer self-Drs Bush, Tandy, and Korus		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Robinson	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 466	Amount of Contribution
Residential Street Address 62 Emily Way	City West Hartford	State CT	Zip Code 06107	Date Received 04/12/2010		
Principal Occupation Attorney	Name of Employer Pullman & Comley, L.L.C.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Lesser	First Name Kenneth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 462	Amount of Contribution
Residential Street Address 172 Cedarwood Ln	City Newington	State CT	Zip Code 06111	Date Received 04/12/2010		
Principal Occupation Banking Consultant	Name of Employer UBS		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Goldberg	First Name Alfred	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 504	Amount of Contribution
Residential Street Address 60 Colonial Rd	City Madison	State CT	Zip Code 06443	Date Received 04/13/2010		
Principal Occupation Exec Director	Name of Employer The Cameron Kravitt Foundation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Mcclay	First Name Maureen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 484	Amount of Contribution
Residential Street Address 48 Manchester Cir	City West Hartford	State CT	Zip Code 06110	Date Received 04/13/2010		
Principal Occupation Exec. Ass't	Name of Employer Ct Community Colleges		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Carmody		First Name Samuel		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 506	Amount of Contribution
Residential Street Address 210 High St		City Wallingford		State CT	Zip Code 06492		Date Received 04/13/2010	
Principal Occupation Registrar of Voters		Name of Employer Town of Wallingford, CT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Grody		First Name Jeffrey		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 505		Amount of Contribution	
Residential Street Address 110 High Wood Rd			City West Hartford			State CT		Zip Code 06117		Date Received 04/13/2010	
Principal Occupation Business Executive			Name of Employer Colt Defense LLC				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		

Last Name Pasternack		First Name Saul		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 481	Amount of Contribution
Residential Street Address 20 Burnwood Dr .		City Bloomfield		State CT	Zip Code 06002		Date Received 04/13/2010	
Principal Occupation CPA		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00	\$10.00

Last Name Pasternack		First Name Joanne		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 482	Amount of Contribution
Residential Street Address 20 Burnwood Dr .			City Bloomfield		State CT	Zip Code 06002	Date Received 04/13/2010	
Principal Occupation			Name of Employer Not employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Papermaster	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 488	Amount of Contribution \$100.00
Residential Street Address 33 Linbrook Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 04/13/2010		
Principal Occupation Attorney	Name of Employer Bingham McCutchen		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Weinstein	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 461	Amount of Contribution \$50.00
Residential Street Address 52 Norwood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 04/13/2010		
Principal Occupation Attorney	Name of Employer Weinstein & Wisser		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Peterson	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 490	Amount of Contribution \$100.00
Residential Street Address 212 Warrenton Ave .	City West Hartford	State CT	Zip Code 06119	Date Received 04/14/2010		
Principal Occupation Landscape Contractor	Name of Employer Peterson Landscaping Service		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name MacDonnell	First Name Bill	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 507	Amount of Contribution \$100.00
Residential Street Address 158 Hunter Dr	City West Hartford	State CT	Zip Code 06107	Date Received 04/14/2010		
Principal Occupation dentist anesthesiologist	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Grody		First Name Brandon		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 508	Amount of Contribution
Residential Street Address 110 High Wood Rd		City West Hartford		State CT	Zip Code 06117		Date Received 04/14/2010	
Principal Occupation college student		Name of Employer Daemen College			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Grody		First Name Andrea		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 509	Amount of Contribution
Residential Street Address 110 High Wood Rd		City West Hartford		State CT	Zip Code 06117		Date Received 04/15/2010	
Principal Occupation Student		Name of Employer Princeton University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00		\$50.00

Last Name Solinsky		First Name Alan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 492	Amount of Contribution
Residential Street Address 43 Juniper Ln		City West Hartford		State CT	Zip Code 06117	Date Received 04/16/2010		
Principal Occupation Opthamologist		Name of Employer Solinsky Eyecare		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	\$100.00	

Last Name Solinsky						First Name Susan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 493		Amount of Contribution			
Residential Street Address 43 Juniper Ln				City West Hartford			State CT	Zip Code 06117		Date Received 04/16/2010						
Principal Occupation Nurse Practitioner				Name of Employer UConn Health Center				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Wilder	First Name Louise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 491	Amount of Contribution \$25.00
Residential Street Address 42 Kenmore Rd .	City Bloomfield	State CT	Zip Code 06002	Date Received 04/16/2010		
Principal Occupation	Name of Employer Homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Santo Domingo	First Name Marianne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 494	Amount of Contribution \$100.00
Residential Street Address 84 Whiting Ln	City West Hartford	State CT	Zip Code 06119	Date Received 04/16/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Fishman	First Name Hedyth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 495	Amount of Contribution \$100.00
Residential Street Address 21 High Wood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 04/16/2010		
Principal Occupation Manager	Name of Employer Fishman Group		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Peterson	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 496	Amount of Contribution \$100.00
Residential Street Address 18 Midlands	City West Hartford	State CT	Zip Code 06107	Date Received 04/16/2010		
Principal Occupation Periodontist	Name of Employer John Bierly and Peterson		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Weiner		First Name Jacob		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 510	Amount of Contribution
Residential Street Address 415 South St			City Waltham		State MA	Zip Code 02454		Date Received 04/16/2010
Principal Occupation Student			Name of Employer Brandeis University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	

Last Name Emer		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 511	Amount of Contribution
Residential Street Address 20 Black Horse Dr .			City Acton		State MA	Zip Code 01720	Date Received 04/16/2010	
Principal Occupation Researcher			Name of Employer Commonwealth of Massachusetts			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$25.00	\$25.00

Last Name Tellar		First Name Robert		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 512	Amount of Contribution
Residential Street Address 69 Huntington Dr		City West Hartford		State CT	Zip Code 06117	Date Received 04/17/2010		
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

Last Name Tellar		First Name Carol		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 513	Amount of Contribution \$100.00
Residential Street Address 69 Huntington Dr		City West Hartford		State CT	Zip Code 06117	Date Received 04/17/2010		
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Kovack	First Name Zena	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 514	Amount of Contribution
Residential Street Address 61 Meadow Farms Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 04/17/2010		
Principal Occupation civil servant	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
\$20.00						
Last Name Adams	First Name Lily	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 515	Amount of Contribution
Residential Street Address 235 Tennessee Ave NE	City Washington	State DC	Zip Code 20002	Date Received 04/17/2010		
Principal Occupation Political Staffer	Name of Employer EMILY's List		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
\$20.00						
Last Name Hahn	First Name Rosalind B.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 516	Amount of Contribution
Residential Street Address 39 Ironwood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 04/18/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04182010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$72.00		
\$72.00						
Last Name Tessler	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 518	Amount of Contribution
Residential Street Address 138 Steele Rd .	City West Hartford	State CT	Zip Code 06119	Date Received 04/18/2010		
Principal Occupation Loans	Name of Employer Cars		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04182010A</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Worobow		First Name Daryl		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 544	Amount of Contribution
Residential Street Address 35 High Gate Dr		City Avon		State CT	Zip Code 06001		Date Received 04/18/2010	
Principal Occupation Financial Advisor		Name of Employer MetLife			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$30.00	\$30.00

Last Name Donahue	First Name Francis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 521	Amount of Contribution
Residential Street Address 23 Crocker Ave .	City West Hartford	State CT	Zip Code 06110	Date Received 04/19/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Hanzalek		First Name Astrid		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 523	Amount of Contribution \$50.00
Residential Street Address 31 Abraham Ter .		City Suffield		State CT	Zip Code 06078		Date Received 04/20/2010	
Principal Occupation		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00	

Last Name Karl		First Name Edward		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 524	Amount of Contribution
Residential Street Address 265 Westmount		City West Hartford		State CT	Zip Code 06117	Date Received 04/20/2010		
Principal Occupation Periodontist		Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Kennelly	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 522	Amount of Contribution
Residential Street Address 95 Scarborough St .	City Hartford	State CT	Zip Code 06105	Date Received 04/20/2010		
Principal Occupation Pres./CEO	Name of Employer NCPSSM		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name rosenberg	First Name carol	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 545	Amount of Contribution
Residential Street Address 10 Norwood Rd	City West Hartford	State CT	Zip Code 06117	Date Received 04/20/2010		
Principal Occupation Bookkeeper	Name of Employer Rosenberg Orthodontics		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Klene	First Name Roger	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 528	Amount of Contribution
Residential Street Address 37 Mountain Rd	City Farmington	State CT	Zip Code 06032	Date Received 04/21/2010		
Principal Occupation Pres/CEO	Name of Employer Mott Corporation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Furey	First Name Valerie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 529	Amount of Contribution
Residential Street Address 19 Southdown Dr .	City Bristol	State CT	Zip Code 06010	Date Received 04/21/2010		
Principal Occupation	Name of Employer Not employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Hillman		First Name Lillian		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 525		Amount of Contribution	
Residential Street Address 24 Wedgewood Dr .			City Bloomfield		State CT	Zip Code 06002		Date Received 04/21/2010				
Principal Occupation			Name of Employer Not employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$15.00			\$15.00	

Last Name Jacobson	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 526	Amount of Contribution \$10.00
Residential Street Address 4 Deepwood Ln	City West Hartford	State CT	Zip Code 06107	Date Received 04/21/2010		
Principal Occupation Lawyer	Name of Employer Reid & Reige	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00

Last Name Weisel		First Name Helen		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 527	Amount of Contribution \$25.00
Residential Street Address 1 King Philip Dr .		City West Hartford		State CT	Zip Code 06117	Date Received 04/21/2010		
Principal Occupation		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$25.00	

Last Name Fritzer	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 546	Amount of Contribution
Residential Street Address 66 Cottonwood Rd		City Newington		State CT	Zip Code 06111	
Principal Occupation Claims Adjuster		Name of Employer The Hartford		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Diproteo		First Name Darlene		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 533		Amount of Contribution	
Residential Street Address 3 Oak Rd .			City Cromwell		State CT	Zip Code 06416		Date Received 04/22/2010				
Principal Occupation Town Clerk			Name of Employer Town of Cromwell			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$25.00			\$25.00	

Last Name McDermott		First Name Gaia		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 534	Amount of Contribution
Residential Street Address 28 Valley Run Dr .			City Cromwell		State CT	Zip Code 06416	Date Received 04/22/2010	
Principal Occupation Sales			Name of Employer ADT Security			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$10.00	\$10.00

Last Name Krouk		First Name Marsha		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 535	Amount of Contribution
Residential Street Address 1109 Coventry Ave .		City Cheltenham		State PA	Zip Code 19012	Date Received 04/23/2010		
Principal Occupation Physician		Name of Employer Marsha Krouk, DO			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

Last Name Elvgren	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 538	Amount of Contribution \$100.00
Residential Street Address 26 Timberline Dr .	City Farmington	State CT	Zip Code 06032	Date Received 04/23/2010	
Principal Occupation Chief Marketing Officer	Name of Employer Robinson & Cole LLP	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Webber	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 539	Amount of Contribution \$25.00
Residential Street Address 12 Emily Way	City West Hartford	State CT	Zip Code 06107	Date Received 04/23/2010		
Principal Occupation Interior Designer	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Wilder	First Name Marjorie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 536	Amount of Contribution \$100.00
Residential Street Address 85 Emily Way	City West Hartford	State CT	Zip Code 06107	Date Received 04/23/2010		
Principal Occupation Attorney	Name of Employer self-employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wilder	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 537	Amount of Contribution \$100.00
Residential Street Address 85 Emily Way	City West Hartford	State CT	Zip Code 06107	Date Received 04/23/2010		
Principal Occupation arbitrator	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sullivan	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 547	Amount of Contribution \$100.00
Residential Street Address 70 Timberwood Rd	City West Hartford	State CT	Zip Code 06117	Date Received 04/26/2010		
Principal Occupation President/CEO	Name of Employer The Children's Museum		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Klau		First Name Daniel		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 563	Amount of Contribution
Residential Street Address 15 Brighton Rd .			City West Hartford		State CT	Zip Code 06117		Date Received 04/27/2010
Principal Occupation attorney			Name of Employer Pepe & Hazard LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Castroll		First Name Ann		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 554	Amount of Contribution
Residential Street Address 3080 N Course Dr .		City Pompano Beach		State FL	Zip Code 33069	Date Received 04/28/2010		
Principal Occupation		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Diamond		First Name Shirley		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 556		Amount of Contribution	
Residential Street Address 887 Farmington Ave .			City West Hartford		State CT	Zip Code 06119		Date Received 04/28/2010				
Principal Occupation			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Adams		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 558	Amount of Contribution
Residential Street Address 185 Ivy Dr .		City Bristol		State CT	Zip Code 06010		Date Received 04/28/2010	
Principal Occupation CPA		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Greenberg	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 559	Amount of Contribution
Residential Street Address 6 High Ledge Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 04/28/2010		
Principal Occupation President	Name of Employer Birken Mfg. Company		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Haeflich	First Name Margot	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 560	Amount of Contribution
Residential Street Address 31 Pheasant Hill Dr .	City West Hartford	State CT	Zip Code 06107	Date Received 04/28/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Haeflich	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 561	Amount of Contribution
Residential Street Address 31 Pheasant Hill Dr .	City West Hartford	State CT	Zip Code 06107	Date Received 04/28/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Crockett	First Name Gail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 555	Amount of Contribution
Residential Street Address 31 Plainfield Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 04/28/2010		
Principal Occupation Sr. Exec. Assistant	Name of Employer State of CT/ Treasury		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Prendergast		First Name Karen		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 557	Amount of Contribution
Residential Street Address 128 Nooks Hill Rd		City Cromwell		State CT	Zip Code 06416		Date Received 04/28/2010	
Principal Occupation Associate Examiner		Name of Employer State of CT/Dept of Insurance			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Selig		First Name Scott		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 572	Amount of Contribution
Residential Street Address 23 Still Ln		City West Hartford		State CT	Zip Code 06117		Date Received 04/29/2010	
Principal Occupation Dir, Clinical Quality		Name of Employer Community Health Center Assoc. of CT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Mintzer		First Name Tori		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 573	Amount of Contribution
Residential Street Address 23 Still Ln		City West Hartford		State CT	Zip Code 06117	Date Received 04/29/2010		
Principal Occupation		Name of Employer student			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$30.00		\$30.00

Last Name Marks		First Name Leta		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 569	Amount of Contribution
Residential Street Address 50 Ironwood Rd .		City West Hartford		State CT	Zip Code 06117		Date Received 04/29/2010	
Principal Occupation		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00
								\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Waxman		First Name Jessica		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 568	Amount of Contribution
Residential Street Address 55 Regency Cir .			City Trumbull		State CT	Zip Code 06611		Date Received 04/29/2010
Principal Occupation			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Grodd		First Name Robert		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 570		Amount of Contribution	
Residential Street Address 5285 Steeplechase			City Boca Raton			State FL		Zip Code 33496		Date Received 04/29/2010	
Principal Occupation			Name of Employer Retired				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$100.00			

Last Name Friedman		First Name Barbara		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 571	Amount of Contribution
Residential Street Address 157-50 12th Rd .		City Whitestone		State NY	Zip Code 11357		Date Received 04/29/2010	
Principal Occupation		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Foa		First Name Conrad		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 574	Amount of Contribution
Residential Street Address 911 Park Ave		City New York		State NY	Zip Code 10075	Date Received 04/29/2010		
Principal Occupation Insurance Broker		Name of Employer Foa & Son Corp.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Neiditz	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 575	Amount of Contribution \$100.00
Residential Street Address 23 Timrod Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 04/30/2010		
Principal Occupation Insurance	Name of Employer M.J. Neiditz 7 Co.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Schwartz	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 576	Amount of Contribution \$50.00
Residential Street Address 80 Norwood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 04/30/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name McCloy	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 578	Amount of Contribution \$25.00
Residential Street Address 87 Mountain Terrace Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 04/30/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Bailit	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 579	Amount of Contribution \$20.00
Residential Street Address 83 Mountain Terrace Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 04/30/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Prucker		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 581	Amount of Contribution
Residential Street Address 4700 Connecticut Ave NW			City Washington		State DC	Zip Code 20008		Date Received 04/30/2010
Principal Occupation Consultant			Name of Employer Palmetto Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

Last Name Olins		First Name Reesa		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 583	Amount of Contribution
Residential Street Address 62 Brewster Rd		City West Hartford		State CT	Zip Code 06117		Date Received 04/30/2010	
Principal Occupation Social Worker		Name of Employer UConn School of Social Work			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Blechner	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 577	Amount of Contribution \$50.00
Residential Street Address 142 Westmont	City West Hartford		State CT	Zip Code 06117	Date Received 04/30/2010	
Principal Occupation Attorney	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Last Name Fox		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 582	Amount of Contribution \$50.00
Residential Street Address 1901 Main St		City Newington		State CT	Zip Code 06111	Date Received 04/30/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Malin	First Name Carolyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 580	Amount of Contribution \$50.00
Residential Street Address 11 Mountain Ter	City West Hartford	State CT	Zip Code 06107	Date Received 04/30/2010		
Principal Occupation Dentist	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Hennessy	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 595	Amount of Contribution \$100.00
Residential Street Address 161 Tremont St	City Hartford	State CT	Zip Code 06105	Date Received 05/01/2010		
Principal Occupation	Name of Employer Tremont Public Advisors		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Nassau	First Name Reba	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 596	Amount of Contribution \$100.00
Residential Street Address 5 Grey Fox Trl	City Avon	State CT	Zip Code 06001	Date Received 05/01/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name SELINGER	First Name JEAN	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 584	Amount of Contribution \$36.00
Residential Street Address 34 King Edward	City West Hartford	State CT	Zip Code 06118	Date Received 05/01/2010		
Principal Occupation housewife	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$36.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Gittleman		First Name Arthur		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 589	Amount of Contribution
Residential Street Address 17 Seminole Cir .		City West Hartford		State CT	Zip Code 06117		Date Received 05/01/2010	
Principal Occupation		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$5.00	\$5.00

Last Name Brightman		First Name Luisa		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 590	Amount of Contribution
Residential Street Address 61 Northbrook Dr .		City West Hartford		State CT	Zip Code 06117		Date Received 05/01/2010	
Principal Occupation		Name of Employer Not employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$25.00		\$25.00

Last Name LaCroix		First Name Michelle		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 591	Amount of Contribution
Residential Street Address 47 Mountain Terrace Rd .		City West Hartford		State CT	Zip Code 06107		Date Received 05/01/2010	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$20.00	\$20.00

Last Name Nemirow		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 592	Amount of Contribution \$50.00
Residential Street Address 14 King Edward Rd .		City West Hartford		State CT	Zip Code 06117		Date Received 05/01/2010	
Principal Occupation		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00	

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Altheim	First Name Philip	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 593	Amount of Contribution
Residential Street Address 270 Pond Xing	City Lawrence	State NY	Zip Code 11559	Date Received 05/01/2010		
Principal Occupation Executive	Name of Employer Five Star Electric		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Macey	First Name Amy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 594	Amount of Contribution
Residential Street Address 27 Rimmon Rd .	City West Hartford	State CT	Zip Code 06525	Date Received 05/01/2010		
Principal Occupation Teacher	Name of Employer Hopkins School		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Messinger	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 597	Amount of Contribution
Residential Street Address 9 Croydon Dr	City West Hartford	State CT	Zip Code 06117	Date Received 05/01/2010		
Principal Occupation Driver	Name of Employer Baronet Coffee		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Hoberman	First Name Ed	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 598	Amount of Contribution
Residential Street Address 4 Stratford Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/01/2010		
Principal Occupation Real Estate	Name of Employer Landmark Interests		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Flannery	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 654	Amount of Contribution
Residential Street Address 275 Steele Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/02/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Huleatt	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 601	Amount of Contribution
Residential Street Address 107 Maple Ave .	City Windsor	State CT	Zip Code 06095	Date Received 05/03/2010		
Principal Occupation	Name of Employer First Church in Windsor	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Stahl	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 602	Amount of Contribution
Residential Street Address 1105 Samoset Rd .	City Eastham	State MA	Zip Code 02642	Date Received 05/03/2010		
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Daly	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 603	Amount of Contribution
Residential Street Address 2 Boxwood Rd .	City Farmington	State CT	Zip Code 06032	Date Received 05/03/2010		
Principal Occupation Attorney	Name of Employer Furey, Donovan, Tracy & Daly	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Mass	First Name Dr. Calvin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 600	Amount of Contribution \$10.00
Residential Street Address 275 Steele Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/03/2010		
Principal Occupation dentist	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Brosnan	First Name suzanne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 655	Amount of Contribution \$100.00
Residential Street Address 23 Meadow Farms Rd	City West Hartford	State CT	Zip Code 06117	Date Received 05/03/2010		
Principal Occupation teacher	Name of Employer Windsor Bd of Ed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Hindin	First Name Allen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 657	Amount of Contribution \$50.00
Residential Street Address 256 Great Plain Rd	City Danbury	State CT	Zip Code 06811	Date Received 05/03/2010		
Principal Occupation Dentist	Name of Employer Allen H. Hindin, DDS, MPH	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Klonoski	First Name Ed	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 656	Amount of Contribution \$100.00
Residential Street Address 136 Colonial Rd	City Plainfield	State CT	Zip Code 06374	Date Received 05/03/2010		
Principal Occupation College President	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Newman	First Name Julius	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 599	Amount of Contribution \$25.00
Residential Street Address 104 Hilldale Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/03/2010		
Principal Occupation	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name rosenberg	First Name barry	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 658	Amount of Contribution \$100.00
Residential Street Address 10 Norwood Rd	City West Hartford	State CT	Zip Code 06117	Date Received 05/03/2010		
Principal Occupation orthodontist	Name of Employer rosenberg orthodontics		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Weinstein	First Name Gayle	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 659	Amount of Contribution \$100.00
Residential Street Address 8 Hills End Ln	City Weston	State CT	Zip Code 06883	Date Received 05/04/2010		
Principal Occupation First Selectman	Name of Employer Town of Weston, CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Presutti	First Name Carol	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 660	Amount of Contribution \$25.00
Residential Street Address 16 White Oak Rd	City Farmington	State CT	Zip Code 06032	Date Received 05/04/2010		
Principal Occupation Real Estate Broker	Name of Employer Prudential CT Realty		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Lazowski	First Name Ruth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 624	Amount of Contribution
Residential Street Address 34 Timberwood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/04/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Scahtzki	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 625	Amount of Contribution
Residential Street Address 9624 Grandview Ter	City Tempe	State AZ	Zip Code 85284	Date Received 05/04/2010		
Principal Occupation Professor	Name of Employer Arizona State University		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Ferro	First Name Valarie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 604	Amount of Contribution
Residential Street Address 88 Daventy HI	City Avon	State CT	Zip Code 06001	Date Received 05/04/2010		
Principal Occupation consultant	Name of Employer Weston Solutions, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Press	First Name Martha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 605	Amount of Contribution
Residential Street Address 21 Gault Park	City Westport	State CT	Zip Code 06880	Date Received 05/04/2010		
Principal Occupation Curriculum Coordinator	Name of Employer Stratford Public Schools		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Wimbish	First Name Lloyd	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 606	Amount of Contribution
Residential Street Address 177 Four Mile Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/04/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Chase	First Name Cheryl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 607	Amount of Contribution
Residential Street Address 84 High Ridge Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/04/2010		
Principal Occupation Attorney	Name of Employer Chase Enterprises		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Title	First Name Samuel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 608	Amount of Contribution
Residential Street Address 48 Henley Way	City West Hartford	State CT	Zip Code 06117	Date Received 05/04/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Spillane	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 609	Amount of Contribution
Residential Street Address 18 Bainbridge Rd .	City West Hartford	State CT	Zip Code 06119	Date Received 05/04/2010		
Principal Occupation M.D.,	Name of Employer Jefferson Radiology		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Kelly	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 610	Amount of Contribution
Residential Street Address 11 Vardon Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/04/2010		
Principal Occupation Attorney	Name of Employer The Hartford		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Kaufmann	First Name Elaine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 611	Amount of Contribution
Residential Street Address 47 Brainard Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/05/2010		
Principal Occupation	Name of Employer Not employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Tulchinsky	First Name Amir	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 612	Amount of Contribution
Residential Street Address 28 Buckingham Ln	City West Hartford	State CT	Zip Code 06117	Date Received 05/05/2010		
Principal Occupation Physician	Name of Employer Hartford Anesthesia Assoc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Zachs	First Name Henry	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 613	Amount of Contribution
Residential Street Address 337 Old Mountain Rd .	City Farmington	State CT	Zip Code 06032	Date Received 05/05/2010		
Principal Occupation Owner	Name of Employer Message Center Mgt. Inc		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Morgan		First Name Sandra		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 614	Amount of Contribution
Residential Street Address 177 Westland St .			City West Hartford		State CT	Zip Code 06107		Date Received 05/05/2010
Principal Occupation professor			Name of Employer University of Hartford			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Mazon		First Name Ernestine		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 615	Amount of Contribution \$25.00
Residential Street Address 13 Cheryl Dr		City Farmington		State CT	Zip Code 06032	Date Received 05/05/2010		
Principal Occupation Senior Agency Advisor		Name of Employer U.S. Government- Social Security Adm			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

Last Name Frankel		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 616	Amount of Contribution
Residential Street Address 74 Oliphant Ave			City Dobbs Ferry		State NY	Zip Code 10522		Date Received 05/05/2010
Principal Occupation attorney			Name of Employer Kramer, Levin, Naftaus & Frankel, LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Moore		First Name Winifred		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 618	Amount of Contribution
Residential Street Address 26 Sunset Ter .		City West Hartford		State CT	Zip Code 06117		Date Received 05/06/2010	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Kuhn	First Name Mary Jane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 619	Amount of Contribution
Residential Street Address 57 Timberwood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/06/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00		
Last Name Topol	First Name Carolyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 621	Amount of Contribution
Residential Street Address 36 Lyman Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/06/2010		
Principal Occupation Executive Assistant	Name of Employer Emanuel Synagogue	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Albert	First Name Leonard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 617	Amount of Contribution
Residential Street Address 12 Cary Ln	City Bloomfield	State CT	Zip Code 06002	Date Received 05/06/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Rosenzweig	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 620	Amount of Contribution
Residential Street Address 60 Cassandra Blvd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/06/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Libassi	First Name Frank Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 622	Amount of Contribution
Residential Street Address 20 Loeffler Rd .	City Bloomfield	State CT	Zip Code 06002	Date Received 05/06/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Libassi	First Name Mary Fran	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 623	Amount of Contribution
Residential Street Address 20 Loeffler Rd .	City Bloomfield	State CT	Zip Code 06002	Date Received 05/06/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Appicelli	First Name Meg	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 635	Amount of Contribution
Residential Street Address 10 Sunset Ter	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>05072010B</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Macca	First Name Marcia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 647	Amount of Contribution
Residential Street Address 250 King Philip Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 05/07/2010		
Principal Occupation Business Analyst	Name of Employer Aetna		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>05072010B</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Levin	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 648	Amount of Contribution
Residential Street Address 3 Quail Holw	City West Hartford	State CT	Zip Code 06117	Date Received 05/07/2010		
Principal Occupation	Name of Employer not employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05072010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Rutenberg	First Name Gideon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 630	Amount of Contribution
Residential Street Address 1 Pheasant Ln	City Bloomfield	State CT	Zip Code 06002	Date Received 05/07/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Kratzer	First Name Lynn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 642	Amount of Contribution
Residential Street Address 53 Wardwell Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation	Name of Employer Wheeler Clinic		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05072010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Orkin	First Name Mitchell	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 643	Amount of Contribution
Residential Street Address 21 Fairlee Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation teacher	Name of Employer SWBOE		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05072010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
\$20.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Orkin	First Name Michele	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 644	Amount of Contribution
Residential Street Address 21 Fairlee Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation Development Director	Name of Employer CCA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05072010B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00	
Last Name Jamin	First Name Alison	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 646	Amount of Contribution
Residential Street Address 12 Fairlee Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation School Counselor	Name of Employer CREC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05072010B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00	
Last Name Foley	First Name Bernedette	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 668	Amount of Contribution
Residential Street Address 54 Westland Ave .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05072010B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00	
Last Name Waldron	First Name Phyllis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 650	Amount of Contribution
Residential Street Address 54 Crestwood Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation	Name of Employer Not employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05072010B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Wasserman	First Name Leonard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 629	Amount of Contribution
Residential Street Address 30 Brownleigh Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/07/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Cormier	First Name Nessie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 631	Amount of Contribution
Residential Street Address 23 Iroquois Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/07/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Gordon	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 632	Amount of Contribution
Residential Street Address 110 Kirkwood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/07/2010		
Principal Occupation Manager	Name of Employer WFSB	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Eagan	First Name F. Owen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 633	Amount of Contribution
Residential Street Address 39 Lakeview Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 05/07/2010		
Principal Occupation mediator	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Kelly	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 640	Amount of Contribution
Residential Street Address 7 Eastview St .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05072010B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00	
Last Name Sylvester	First Name Denise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 641	Amount of Contribution
Residential Street Address 168 Four Mile Rd	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation 860 561-3922	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05072010B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00	
Last Name Flanagan	First Name Charlotte	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 645	Amount of Contribution
Residential Street Address 9 Cherryfield Dr .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation Library Specialist	Name of Employer Bugbee Elementary School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05072010B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00	\$35.00	
Last Name Gould	First Name Roberta	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 649	Amount of Contribution
Residential Street Address 11 Eastview St	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation Field Representative	Name of Employer State, DSS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05072010B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Seedman	First Name Willard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 651	Amount of Contribution
Residential Street Address Box 2661	City Hartford	State CT	Zip Code 06146	Date Received 05/07/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05072010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Cribbage	First Name Amy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 652	Amount of Contribution
Residential Street Address 39 Middlefield Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/07/2010		
Principal Occupation consultant	Name of Employer UVA		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05072010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Guglietta	First Name Devin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 653	Amount of Contribution
Residential Street Address 27 Bramley Rd .	City West Hartford	State CT	Zip Code 06110	Date Received 05/07/2010		
Principal Occupation Volunteer Coordinatoe	Name of Employer Harris 2010		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05072010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Herbert	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 677	Amount of Contribution
Residential Street Address 10 Timber Ln	City Avon	State CT	Zip Code 06001	Date Received 05/07/2010		
Principal Occupation Financial	Name of Employer Bradley, Foster, & Sargent		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05072010B</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Johnson		First Name Tom		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 661	Amount of Contribution
Residential Street Address 111 Mohegan Dr		City West Hartford		State CT	Zip Code 06117		Date Received 05/08/2010	
Principal Occupation Planner		Name of Employer Ct Judicial Branch			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name White	First Name Harry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 663	Amount of Contribution \$100.00	
Residential Street Address 115 Brookridge Ln		City Guilford		State CT	Zip Code 06437		Date Received 05/08/2010
Principal Occupation consultant		Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				Aggregate Contributions \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Last Name Atlas		First Name Neil		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 664	Amount of Contribution \$50.00
Residential Street Address 105 S Main St		City West Hartford		State CT	Zip Code 06107	Date Received 05/08/2010		
Principal Occupation attorney		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

Last Name Kleinman						First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 665		Amount of Contribution	
Residential Street Address 35 Juniper Ln				City West Hartford			State CT	Zip Code 06117		Date Received 05/08/2010				
Principal Occupation attorney				Name of Employer Attorney General, Connecticut				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bower	First Name Norman	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 666	Amount of Contribution \$25.00
Residential Street Address 8 Shipston Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 05/08/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Belmont	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 667	Amount of Contribution \$50.00
Residential Street Address 55 Lemay St	City West Hartford	State CT	Zip Code 06107	Date Received 05/08/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Pitel	First Name Lila	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 669	Amount of Contribution \$5.00
Residential Street Address 600 Mountain Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/08/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00		
Last Name Marcus	First Name Mitchell	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 670	Amount of Contribution \$100.00
Residential Street Address 181 W Ridge Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 05/08/2010		
Principal Occupation Agent	Name of Employer Marcus Insurance		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Backer	First Name Ivan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 671	Amount of Contribution \$25.00
Residential Street Address 31 Woodland St .	City Hartford	State CT	Zip Code 06105	Date Received 05/08/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Tudan	First Name Claudia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 673	Amount of Contribution \$50.00
Residential Street Address 2 Starkel Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/08/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name LeVangie	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 662	Amount of Contribution \$50.00
Residential Street Address 85 Lawler Ln	City Norwich	State CT	Zip Code 06360	Date Received 05/08/2010		
Principal Occupation Clerk	Name of Employer Electric Boat		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Barshay	First Name Janice Reiter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 672	Amount of Contribution \$25.00
Residential Street Address 5 Lyman Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/08/2010		
Principal Occupation teacher	Name of Employer Mandell JCC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Gordon	First Name Matthew Dallas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 674	Amount of Contribution \$100.00
Residential Street Address 190 Wood Pond	City West Hartford	State CT	Zip Code 06107	Date Received 05/10/2010		
Principal Occupation attorney	Name of Employer Matthew Dallas Gordon, LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sacks	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 675	Amount of Contribution \$100.00
Residential Street Address 363 Altessa Blvd .	City Melville	State NY	Zip Code 11747	Date Received 05/10/2010		
Principal Occupation Engineer	Name of Employer Northrup Grumman		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sacks	First Name Mary Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 676	Amount of Contribution \$100.00
Residential Street Address 363 Altessa Blvd	City Melville	State NY	Zip Code 11747	Date Received 05/10/2010		
Principal Occupation Educator	Name of Employer South Huntington School District		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Levin	First Name Nanette	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 678	Amount of Contribution \$100.00
Residential Street Address 11 Great Meadow Ln	City Avon	State CT	Zip Code 06001	Date Received 05/11/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 05112010C <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Pena		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 679	Amount of Contribution
Residential Street Address 11 Avalon Dr .			City Avon		State CT	Zip Code 06001		Date Received 05/11/2010
Principal Occupation consultant			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05112010C</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00	

Last Name Goldberg		First Name Ellie		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 680	Amount of Contribution
Residential Street Address 103 Brookmor Rd .			City Avon		State CT	Zip Code 06001	Date Received 05/11/2010	
Principal Occupation Literacy Tutor			Name of Employer Regional School District 13			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05112010C</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Goldberg		First Name Mark		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 681	Amount of Contribution
Residential Street Address 103 Brookmor Rd .			City Avon		State CT	Zip Code 06001	Date Received 05/11/2010	
Principal Occupation Reg. Investment Advisor			Name of Employer Self- Dateway Financial Group			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05112010C</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Bond		First Name Roger		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 682	Amount of Contribution \$100.00
Residential Street Address 358 Country Club Rd .		City Avon		State CT	Zip Code 06001		Date Received 05/11/2010	
Principal Occupation CEO		Name of Employer Abbott Ball Co,			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Flynn	First Name Vicenza	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 683	Amount of Contribution
Residential Street Address 5 Sunset Ter	City West Hartford	State CT	Zip Code 06107	Date Received 05/11/2010		
Principal Occupation	Name of Employer not employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Mitlak	First Name Beatrice	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 685	Amount of Contribution
Residential Street Address 8 Coolidge Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/11/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
\$20.00						
Last Name Herrmann	First Name Alice	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 686	Amount of Contribution
Residential Street Address 7 Shirecrest	City Avon	State CT	Zip Code 06001	Date Received 05/11/2010		
Principal Occupation social worker	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Shonta	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 684	Amount of Contribution
Residential Street Address 118 Skyview Dr .	City Cromwell	State CT	Zip Code 06416	Date Received 05/11/2010		
Principal Occupation clerk	Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name O'Toole		First Name Moraith Marra		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 717	Amount of Contribution
Residential Street Address 1850 Quaker Ln		City West Hartford		State CT	Zip Code 06119		Date Received 05/12/2010	
Principal Occupation nurse		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00	\$50.00

Last Name Lowengard		First Name Elaine Title		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 690		Amount of Contribution	
Residential Street Address 727 Prospect Ave			City West Hartford			State CT	Zip Code 06105		Date Received 05/12/2010		
Principal Occupation			Name of Employer retired				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00		

Last Name O'Neil		First Name Shelagh		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 687	Amount of Contribution
Residential Street Address 17 High Farms Rd .		City West Hartford		State CT	Zip Code 06107		Date Received 05/12/2010	
Principal Occupation		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00	\$50.00

Last Name Barall		First Name Muriel		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 689	Amount of Contribution \$35.00
Residential Street Address 600A Mountain Rd .		City West Hartford		State CT	Zip Code 06117		Date Received 05/12/2010	
Principal Occupation		Name of Employer not employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$35.00	

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Woodiel	First Name Flo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 692	Amount of Contribution
Residential Street Address 65 Linnbrook Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/12/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Kearney	First Name Lore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 694	Amount of Contribution
Residential Street Address 108 Somerset Dr .	City Avon	State CT	Zip Code 06001	Date Received 05/12/2010		
Principal Occupation teacher	Name of Employer Hartford Board of Education		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Julian	First Name Tracy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 695	Amount of Contribution
Residential Street Address 29 Bradford Walk	City Farmington	State CT	Zip Code 06032	Date Received 05/12/2010		
Principal Occupation sales	Name of Employer Gibbs College		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name McCurdy	First Name Marsha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 696	Amount of Contribution
Residential Street Address 100 Kane St	City West Hartford	State CT	Zip Code 06119	Date Received 05/12/2010		
Principal Occupation firefighter	Name of Employer Town of West Hartford		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Boyce	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 701	Amount of Contribution \$50.00
Residential Street Address 3 Wills Ln	City Avon	State CT	Zip Code 06032	Date Received 05/12/2010		
Principal Occupation Nurse	Name of Employer State of CT		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Koteen	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 702	Amount of Contribution \$100.00
Residential Street Address 98 Newport Ave .	City West Hartford	State CT	Zip Code 06107	Date Received 05/12/2010		
Principal Occupation Real Estate	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Winterfield	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 704	Amount of Contribution \$100.00
Residential Street Address 555 Mountain Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/12/2010		
Principal Occupation actuary	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Mailliet	First Name Maura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 705	Amount of Contribution \$50.00
Residential Street Address 126 Pioneer Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 05/12/2010		
Principal Occupation HR	Name of Employer Malliet HR Consulting		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Spada	First Name Art	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 706	Amount of Contribution \$50.00
Residential Street Address 38 Westbrook Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/12/2010		
Principal Occupation Marketing	Name of Employer Travelers	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Bronner	First Name Felix	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 707	Amount of Contribution \$25.00
Residential Street Address 33 Ferncliff Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 05/12/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Kelly	First Name Chris	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 711	Amount of Contribution \$50.00
Residential Street Address 18 Florence Ave	City Ellington	State CT	Zip Code 06029	Date Received 05/12/2010		
Principal Occupation	Name of Employer not employed	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Jasper	First Name Carolyn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 712	Amount of Contribution \$50.00
Residential Street Address 10 Hyde Rd	City West Hartford	State CT	Zip Code 06117	Date Received 05/12/2010		
Principal Occupation non-profit attorney	Name of Employer Rebuilding Together- New Britain	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05122010D</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Kessler	First Name Rabbi Stanley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 754	Amount of Contribution
Residential Street Address 22 Hamlin Dr .	City West Hartford	State CT	Zip Code 06117	Date Received 05/13/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Scheinblum	First Name Howard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 719	Amount of Contribution
Residential Street Address 15 Ironwood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/13/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Das	First Name Riju	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 722	Amount of Contribution
Residential Street Address 1 Crabapple Ln .	City Farmington	State CT	Zip Code 06085	Date Received 05/13/2010		
Principal Occupation Legislative Aide	Name of Employer CT General Assembly	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05132010E</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Huelin	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 725	Amount of Contribution
Residential Street Address 21 Bidwell Sq .	City Farmington	State CT	Zip Code 06085	Date Received 05/13/2010		
Principal Occupation Attorney	Name of Employer Otis Elevator	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05132010E</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Werner	First Name Elaine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 726	Amount of Contribution \$50.00
Residential Street Address 48 Mallard Dr .	City Avon	State CT	Zip Code 06001	Date Received 05/13/2010		
Principal Occupation Community Liaison	Name of Employer US Senate		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 05132010E <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Fierston	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 715	Amount of Contribution \$100.00
Residential Street Address 3 Thistle Hollow Rd .	City West Hartford	State CT	Zip Code 06001	Date Received 05/13/2010		
Principal Occupation Investment Advisor	Name of Employer Fierston Financial Group		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Daniels	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 714	Amount of Contribution \$50.00
Residential Street Address 102 Arundel Ave .	City West Hartford	State CT	Zip Code 06107	Date Received 05/13/2010		
Principal Occupation Consultant	Name of Employer Jeffrey Daniels Consulting		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Parlow	First Name Mary Jane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 727	Amount of Contribution \$50.00
Residential Street Address 83 Farmington Chase	City Farmington	State CT	Zip Code 06032	Date Received 05/13/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 05132010E <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Bernstein	First Name Abraham	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 753	Amount of Contribution \$54.00
Residential Street Address 60 Cassandra Blvd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/13/2010		
Principal Occupation physician	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$54.00		
Last Name Statchen	First Name Ned	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 720	Amount of Contribution \$50.00
Residential Street Address 6 Bella Ln	City Unionville	State CT	Zip Code 06085	Date Received 05/13/2010		
Principal Occupation engineer	Name of Employer State of CT-DOT	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 05132010E <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Nakhimovsky	First Name Zalmon	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 724	Amount of Contribution \$25.00
Residential Street Address 53 Walnut St .	City Unionville	State CT	Zip Code 06085	Date Received 05/13/2010		
Principal Occupation clerk	Name of Employer Stop&Shop	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 05132010E <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Vibert	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 721	Amount of Contribution \$50.00
Residential Street Address 126 Main St	City Unionville	State CT	Zip Code 06085	Date Received 05/13/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 05132010E <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

Last Name Simpson		First Name Donald		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 723	Amount of Contribution
Residential Street Address 26 Girard Ave .		City Farmington		State CT	Zip Code 06032		Date Received 05/13/2010	
Principal Occupation		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05132010E</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$25.00	\$25.00

Last Name Kirsten		First Name Gary		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 748	Amount of Contribution
Residential Street Address 84 Lemay St		City West Hartford		State CT	Zip Code 06107		Date Received 05/14/2010	
Principal Occupation		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05142010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$25.00		\$25.00

Last Name Halloran		First Name Kaitlin		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 735	Amount of Contribution
Residential Street Address 799 Prospect Ave .			City West Hartford		State CT	Zip Code 06105	Date Received 05/14/2010	
Principal Occupation UCONN Law			Name of Employer student		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05142010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$20.00	\$20.00

Last Name Juleson	First Name Kelly	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 737	Amount of Contribution \$35.00
Residential Street Address 78 Deer Run Trl	City Manchester	State CT	Zip Code 06040	Date Received 05/14/2010	
Principal Occupation Finance Director	Name of Employer Larson for Congress	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05142010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:					
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Aggregate Contributions \$35.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$35.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Urban	First Name John	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 736	Amount of Contribution
Residential Street Address 36 Middlefield Dr .	City West Hartford	State CT	Zip Code 06107	Date Received 05/14/2010		
Principal Occupation Substitute Teacher	Name of Employer WH Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05142010F</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$20.00	\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Droney	First Name Maura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 738	Amount of Contribution
Residential Street Address 97 Loomis Dr .	City West Hartford	State CT	Zip Code 06107	Date Received 05/14/2010		
Principal Occupation Attorney	Name of Employer Halloran & Sage, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05142010F</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$50.00	\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Slap	First Name Derek	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 739	Amount of Contribution
Residential Street Address 51 Fairlee Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/14/2010		
Principal Occupation Communications Director	Name of Employer State Legislature	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05142010F</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$25.00	\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Cosgrove	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 740	Amount of Contribution
Residential Street Address 72 Sedgwick Rd	City West Hartford	State CT	Zip Code 06107	Date Received 05/14/2010		
Principal Occupation Billing Manager	Name of Employer Genesis Healthcare	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>05142010F</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Farrell	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 741	Amount of Contribution
Residential Street Address 51 Westland Ave ,	City West Hartford	State CT	Zip Code 06107	Date Received 05/14/2010		
Principal Occupation attorney	Name of Employer Levy & Droney, P.C.		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05142010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Sullivan	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 742	Amount of Contribution
Residential Street Address 22 Harvest Ln	City West Hartford	State CT	Zip Code 06107	Date Received 05/14/2010		
Principal Occupation Blood Bank	Name of Employer American Red Cross		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05142010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Dodge	First Name Dallas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 743	Amount of Contribution
Residential Street Address 220 S Main St	City West Hartford	State CT	Zip Code 06107	Date Received 05/14/2010		
Principal Occupation Lawyer	Name of Employer CT Appellate Court		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05142010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Tanski	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 744	Amount of Contribution
Residential Street Address 1893 Main St .	City Glastonbury	State CT	Zip Code 06033	Date Received 05/14/2010		
Principal Occupation Attorney	Name of Employer Robinson & Cole LLP		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>05142010F</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name McCue		First Name Renee		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 751	Amount of Contribution \$50.00
Residential Street Address 1155 Farmington Ave .		City West Hartford		State CT	Zip Code 06107		Date Received 05/15/2010	
Principal Occupation Public Relations/police		Name of Employer Town Of WH			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Lesser		First Name Margaret		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 752		Amount of Contribution	
Residential Street Address 18 King Edward Rd			City West Hartford			State CT		Zip Code 06117		Date Received 05/15/2010	
Principal Occupation			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	
\$25.00											

Last Name Klatsky		First Name Alan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 750	Amount of Contribution
Residential Street Address 25 Cassandra Blvd .			City West Hartford		State CT	Zip Code 06107	Date Received 05/15/2010	
Principal Occupation			Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00	\$50.00

Last Name DeFronzo		First Name Donald		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 801	Amount of Contribution
Residential Street Address 9 Bedford St .			City New Britain		State CT	Zip Code 06051	Date Received 05/16/2010	
Principal Occupation Legislator			Name of Employer State of Ct.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Rubin	First Name Jerry	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 759	Amount of Contribution
Residential Street Address 37 Hardwizk St .	City Brighton	State MA	Zip Code 02135	Date Received 05/17/2010		
Principal Occupation Manager	Name of Employer JVS		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Riscassi	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 762	Amount of Contribution
Residential Street Address 165 Garfield Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/18/2010		
Principal Occupation attorney	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Cleto	First Name Aline	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 764	Amount of Contribution
Residential Street Address 560 Silver Sands	City East Haven	State CT	Zip Code 06512	Date Received 05/18/2010		
Principal Occupation Teacher	Name of Employer Town of East Haven		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
\$20.00						
Last Name Mailloux	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 765	Amount of Contribution
Residential Street Address 112 Couture Dr .	City Bristol	State CT	Zip Code 06010	Date Received 05/18/2010		
Principal Occupation dentist	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Stabnick		First Name Paula		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 768	Amount of Contribution
Residential Street Address 20 Fairlee Rd		City West Hartford		State CT	Zip Code 06107		Date Received 05/18/2010	
Principal Occupation education consultant		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Desiderato		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 803	Amount of Contribution
Residential Street Address 88 Simsbury Rd		City West Granby		State CT	Zip Code 06090		Date Received 05/18/2010	
Principal Occupation Organizer		Name of Employer Northeast Action			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$10.00		\$10.00

Last Name Reynolds		First Name Catherine		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 763	Amount of Contribution
Residential Street Address 20 Loeffler Rd .		City Bloomfield		State CT	Zip Code 06002		Date Received 05/18/2010	
Principal Occupation		Name of Employer not employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$50.00	\$50.00

Last Name Lieberman		First Name Irma		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 767	Amount of Contribution \$20.00
Residential Street Address 1 King Philip Dr .		City West Hartford		State CT	Zip Code 06117	Date Received 05/18/2010		
Principal Occupation		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Alpert		First Name Lance		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 804	Amount of Contribution
Residential Street Address 91 Pilgrim Rd		City West Hartford		State CT	Zip Code 06117		Date Received 05/19/2010	
Principal Occupation Optometrist		Name of Employer TotalVision Eyecare			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Alpert		First Name Lisa		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 805	Amount of Contribution \$100.00
Residential Street Address 91 Pilgrim Rd		City West Hartford		State CT	Zip Code 06117	Date Received 05/19/2010		
Principal Occupation Educator		Name of Employer Jumoke Academy			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Koskoff		First Name Charlotte		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 778	Amount of Contribution
Residential Street Address 8 River Edge Ct		City Plainville		State CT	Zip Code 06062		Date Received 05/19/2010	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Darling		First Name Alan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 777	Amount of Contribution
Residential Street Address 27 Cherryfield Dr .		City West Hartford		State CT	Zip Code 06107		Date Received 05/19/2010	
Principal Occupation Instructor		Name of Employer Capitol Community College			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$60.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Shadford		First Name Jacqueline		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 772	Amount of Contribution
Residential Street Address 149 Nepaug Rd .		City Burlington		State CT	Zip Code 06013		Date Received 05/19/2010	
Principal Occupation Food Service		Name of Employer Avon Board of Education			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Filomeno		First Name Joseph		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 773	Amount of Contribution
Residential Street Address 134 Brookmoor Rd .		City West Hartford		State CT	Zip Code 06107		Date Received 05/19/2010	
Principal Occupation accountant		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 \$25.00	\$25.00

Last Name Duva		First Name Constance		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 774	Amount of Contribution \$25.00
Residential Street Address 66 Mountain Rd .		City West Hartford		State CT	Zip Code 06107		Date Received 05/19/2010	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

Last Name Schreiber		First Name Sherly	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 775	Amount of Contribution \$100.00
Residential Street Address 54 Westmont		City West Hartford		State CT	Zip Code 06117	Date Received 05/19/2010	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Meara	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 776	Amount of Contribution \$20.00
Residential Street Address 22 Ravenswood Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/19/2010		
Principal Occupation	Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Suchotliff	First Name Arlene	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 780	Amount of Contribution \$25.00
Residential Street Address 7 Chestnut Hill Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/20/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Bassock	First Name Nathan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 781	Amount of Contribution \$50.00
Residential Street Address 22 Eastwood Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/20/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Resnick	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 782	Amount of Contribution \$50.00
Residential Street Address 111 Brewster Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/20/2010		
Principal Occupation CFO	Name of Employer Mandell Jewish Community Center		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Mandell	First Name Lucille	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 783	Amount of Contribution \$50.00
Residential Street Address 1 Font Hill Park	City Bloomfield	State CT	Zip Code 06002	Date Received 05/20/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Barrieau	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 779	Amount of Contribution \$100.00
Residential Street Address 338 N Quaker Ln	City West Hartford	State CT	Zip Code 06119	Date Received 05/20/2010		
Principal Occupation President	Name of Employer Barrieau Oil Company Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Moore	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 789	Amount of Contribution \$50.00
Residential Street Address 25 Drury Ln	City West Hartford	State CT	Zip Code 06117	Date Received 05/21/2010		
Principal Occupation attorney	Name of Employer Travelers Insurance		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Costello	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 786	Amount of Contribution \$50.00
Residential Street Address 31 Van Buren Ave	City West Hartford	State CT	Zip Code 06107	Date Received 05/21/2010		
Principal Occupation Insurance	Name of Employer Sparta Insurance		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name mcmahon	First Name gregory	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 806	Amount of Contribution
Residential Street Address 3 Stratford Rd	City West Hartford	State CT	Zip Code 06117	Date Received 05/21/2010		
Principal Occupation mediator / arbitrator	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Gunter	First Name Doris	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 790	Amount of Contribution
Residential Street Address 52 Wood Pond Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/22/2010		
Principal Occupation	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Gunter	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 791	Amount of Contribution
Residential Street Address 52 Wood Pond Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/22/2010		
Principal Occupation attorney	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Quinlan	First Name Sue	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 793	Amount of Contribution
Residential Street Address 68 Long Lots Ln	City Westport	State CT	Zip Code 06880	Date Received 05/23/2010		
Principal Occupation psychologist	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Quinlan	First Name Colin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 794	Amount of Contribution
Residential Street Address 68 Long Lots Ln	City Westport	State CT	Zip Code 06880	Date Received 05/23/2010		
Principal Occupation Bookseller	Name of Employer Barnes & Noble		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wellington	First Name Dale	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 792	Amount of Contribution
Residential Street Address 50 Beechtree Ln	City West Hartford	State CT	Zip Code 06107	Date Received 05/23/2010		
Principal Occupation Physician	Name of Employer Resilience Healthcare Inc		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Dondes	First Name Rosalind	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 795	Amount of Contribution
Residential Street Address 35 Osage Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/24/2010		
Principal Occupation	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Belliveau	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 797	Amount of Contribution
Residential Street Address 361 Mountain Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/25/2010		
Principal Occupation Social Worker	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Belliveau	First Name Martha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 796	Amount of Contribution \$50.00
Residential Street Address 361 Mountain Rd .	City West Hartford	State CT	Zip Code 06107	Date Received 05/25/2010		
Principal Occupation social worker	Name of Employer Village for Families and Children		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Teitelman	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 807	Amount of Contribution \$100.00
Residential Street Address 62 Brewster Rd	City West Hartford	State CT	Zip Code 06117	Date Received 05/25/2010		
Principal Occupation Attorney	Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Talit	First Name Lynn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 798	Amount of Contribution \$100.00
Residential Street Address 1978 Asylum Ave .	City West Hartford	State CT	Zip Code 06117	Date Received 05/25/2010		
Principal Occupation English Professor	Name of Employer CCSU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sorokin	First Name Ethel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 799	Amount of Contribution \$25.00
Residential Street Address 139 Haynes Rd .	City West Hartford	State CT	Zip Code 06117	Date Received 05/25/2010		
Principal Occupation retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Truebig	First Name Beverly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 800	Amount of Contribution
Residential Street Address 23 Shady Brook Dr .	City West Hartford	State CT	Zip Code 06107	Date Received 05/25/2010		
Principal Occupation	Name of Employer Homemaker		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00		
Last Name Reed	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 808	Amount of Contribution
Residential Street Address 22 Stonegate	City Unionville	State CT	Zip Code 06085	Date Received 05/25/2010		
Principal Occupation Healthcare Management	Name of Employer Prohealth Physicisans		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Reed	First Name Mary Grace	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 809	Amount of Contribution
Residential Street Address 22 Stonegate	City Unionville	State CT	Zip Code 06085	Date Received 05/25/2010		
Principal Occupation consultant	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Giannaros	First Name Demetrios	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 810	Amount of Contribution
Residential Street Address 56 Basswood Rd .	City West Hartford	State CT	Zip Code 06032	Date Received 05/26/2010		
Principal Occupation State Rep/professor	Name of Employer CT General Assembly/University of Hartford		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name filomeno		First Name thomas		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 815	Amount of Contribution
Residential Street Address 31 Bonny View Rd		City West Hartford		State CT	Zip Code 06107		Date Received 06/05/2010	
Principal Occupation CPA		Name of Employer Filomeno & Company, PC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	
							\$100.00	

Last Name Harris		First Name Avraham		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 816	Amount of Contribution
Residential Street Address 8 Meadow St		City Hadley		State MA	Zip Code 01035	Date Received 06/06/2010		
Principal Occupation Communications Director		Name of Employer CT Secretary of the State			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Total of Section B

\$22,792.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS

(Sections A & B)

(Total on Line 14 of Summary Page)

\$22,792.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Jonathan Harris 2010*					Original 07/12/2010	
C1. Contributions from Other Committees						
Name of Committee Jonathan Harris 2010				Name of Treasurer Elliott C Ponte		
Address 71 Emily Way		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City West Hartford	State CT	Zip Code 06107	Date Received 04/30/2010	Aggregate Contributions \$24,433.00	\$24,433.00	
Name of Committee Jonathan Harris 2010				Name of Treasurer Elliott C Ponte		
Address 71 Emily Way		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City West Hartford	State CT	Zip Code 06107	Date Received 06/23/2010	Aggregate Contributions \$1,318.26	\$1,318.26	
Name of Committee Jonathan Harris 2010				Name of Treasurer Elliott C Ponte		
Address 71 Emily Way		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City West Hartford	State CT	Zip Code 06107	Date Received 06/23/2010	Aggregate Contributions \$947.01	\$947.01	
Total of Section C1					\$26,698.27	

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Jonathan Harris 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 COMMITTEE					FILING DUE DATE
Jonathan Harris 2010*					Original 07/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

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

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Jonathan Harris 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		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Jonathan Harris 2010*				Original 07/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Wal-Mart			06/28/2010		
Street Address	City	State	Zip Code		
255 W Main St	Avon	CT	06001		
Description					\$218.00
Items returned to Wal-Mart previously purchased by the committee					
Total of Section I					\$218.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Jonathan Harris 2010*	Original 07/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 04/18/2010 A	Meet and Greet Event	74 Farmstead Ln	West Hartford	CT	06117

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 05/07/2010 B	Meet and Greet Event	17 Eastview St	West Hartford	CT	06107

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 05/11/2010 C	Meet and Greet Event	103 Brookmoor Rd	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 # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 05/12/2010 D	Meet and Greet Event	118 Mountain Rd	West Hartford	CT	06107

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 05/13/2010 E	Meet and Greet Event	116 W Avon Rd	Unionville	CT	06085

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	FILING DUE DATE
COMMITTEE Jonathan Harris 2010*	Original 07/12/2010

J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 05/14/2010	Letter F	Meet and Greet Event	51 Lemay St	West Hartford	CT 06107

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
Jonathan Harris 2010*	Original 07/12/2010

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

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

Total of Section J2

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts

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

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jonathan Harris 2010*						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					04/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
65 Lasalle Rd	West Hartford	CT	06107	OVHD			
Description					Event #		
Cost to order Checks							
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							\$82.55
Name of Payee					Date of Payment	Method of Payment	Amount
CompleteCampaigns.com					04/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
3635 Ruffin Rd ,	San Diego	CA	92123	WEB			
Description					Event #		
Online Credi Card Processing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$37.50
Name of Payee					Date of Payment	Method of Payment	Amount
CompleteCampaigns.com					04/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
3635 Ruffin Rd ,	San Diego	CA	92123	WEB			
Description					Event #		
Online Credi Card Processing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$34.88

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee CompleteCampaigns.com					Date of Payment 04/20/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$7.50
Street Address 3635 Ruffin Rd ,	City San Diego	State CA	Zip Code 92123	Purpose of Expenditure WEB	<input type="checkbox"/> Debit Card		
Description Online Credi Card Processing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee CompleteCampaigns.com					Date of Payment 04/22/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$2.25
Street Address 3635 Ruffin Rd ,	City San Diego	State CA	Zip Code 92123	Purpose of Expenditure WEB	<input type="checkbox"/> Debit Card		
Description Online Credi Card Processing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Webster Bank					Date of Payment 04/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$10.00
Street Address 65 Lasalle Rd	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card		
Description Bounced Check Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Webster Bank					Date of Payment 04/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$10.00
Street Address 65 Lasalle Rd	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card		
Description Bounced Check Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Jason Paul					Date of Payment 04/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$562.88
Street Address 20 Northmoor	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Stamps for mailer and office supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Aaron Frankel					Date of Payment 04/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$900.55
Street Address 28 Farmstead Ln	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Food for Volunteers, office supplies, items for mailer					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
Magnani Press						04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>95</u>		
120 New Park Ave		Hartford	CT	06106	A-SIGN	<input type="checkbox"/> Debit Card		
Description							Event #	
Lawn Signs								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$474.18								
Name of Payee						Date of Payment	Method of Payment	Amount
Magnani Press						04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>96</u>		
120 New Park Ave		Hartford	CT	06106	OFFICE	<input type="checkbox"/> Debit Card		
Description							Event #	
Letterhead, envelopes, and Campaign Stickers								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$1,841.22								
Name of Payee						Date of Payment	Method of Payment	Amount
Barile Printers						04/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>97</u>		
43 Viets St		New Britain	CT	06053	A-DM	<input type="checkbox"/> Debit Card		
Description							Event #	
Post Cards for mailer								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$206.70								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount			
CompleteCampaigns.com	04/27/2010	<input checked="" type="checkbox"/> Check #				
Street Address	City	State		Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card
3635 Ruffin Rd ,	San Diego	CA		92123	WEB	
Description					Event #	
Online Credi Card Processing						
Is this expenditure coordinated with another candidate for which reimbursement is sought?					\$15.00	
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	
Name of Payee	Date of Payment	Method of Payment	Amount			
CompleteCampaigns.com	04/30/2010	<input checked="" type="checkbox"/> Check #				
Street Address	City	State		Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card
3635 Ruffin Rd ,	San Diego	CA		92123	WEB	
Description					Event #	
Online Credi Card Processing						
Is this expenditure coordinated with another candidate for which reimbursement is sought?					\$26.25	
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	
Name of Payee	Date of Payment	Method of Payment	Amount			
Jason Paul	04/30/2010	<input checked="" type="checkbox"/> Check #				
Street Address	City	State		Zip Code	Purpose of Expenditure	<u>99</u> <input type="checkbox"/> Debit Card
20 Northmoor	West Hartford	CT		06117	RCW	
Description					Event #	
Items for fundrasier, office supplies, stamps, items for mailer						
Is this expenditure coordinated with another candidate for which reimbursement is sought?					\$2,358.58	
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
Other Candidate(s) Name					Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Barile Printers					04/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>98</u>	
43 Viets St		New Britain	CT	06053	A-DM	<input type="checkbox"/> Debit Card	
Description						Event #	
Post Cards for mailer							
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							
\$594.55							
Name of Payee					Date of Payment	Method of Payment	Amount
Devin Guglietta					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>100</u>	
27 Brainley Rd		West Hartford	CT	06110	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Items for mailer							
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							
\$466.85							
Name of Payee					Date of Payment	Method of Payment	Amount
CompleteCampaigns.com					05/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>100</u>	
3635 Ruffin Rd ,		San Diego	CA	92123	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Online Credi Card Processing							
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							
\$6.45							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
SurePayroll				05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way	Glenview	IL	60025	WAGE		
Description					Event #	
Fed/State Taxes withheld to Payroll Service						
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						
						\$251.00

Name of Payee				Date of Payment	Method of Payment	Amount
SurePayroll				05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way	Glenview	IL	60025	WAGE		
Description					Event #	
Employer Tax to Payroll Service						
<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>						
\$173.25						

Name of Payee				Date of Payment	Method of Payment	Amount
SurePayroll				05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way	Glenview	IL	60025	WAGE		
Description					Event #	
Fed/State Taxes withheld to Payroll Service						
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						
						\$519.01

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
SurePayroll						05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
2350 Ravine Way		Glenview	IL	60025	WAGE			
Description							Event #	
Employer Tax to Payroll Service								
<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>								
\$231.00								

Name of Payee						Date of Payment	Method of Payment	Amount
SurePayroll						05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
2350 Ravine Way		Glenview	IL	60025	WAGE			
Description							Event #	
Fed/State Taxes withheld to Payroll Service								
<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>								
\$442.66								

Name of Payee						Date of Payment	Method of Payment	Amount
SurePayroll						05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
2350 Ravine Way		Glenview	IL	60025	WAGE	<input type="checkbox"/> Debit Card		
Description							Event #	
Employer Tax to Payroll Service								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$196.35								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Jason Paul					05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1004</u>	
20 Northmoor		West Hartford	CT	06117	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Wages from 4/1 to 4/28 Jason							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$1,257.34							

Name of Payee					Date of Payment	Method of Payment	Amount
Magnani Press					05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1002</u>	
120 New Park Ave		Hartford	CT	06106	OFFICE	<input type="checkbox"/> Debit Card	
Description						Event #	
Campaign letterheads and envelopes							
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							
\$581.94							

Name of Payee					Date of Payment	Method of Payment	Amount
Helen Rubino-Turco					05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1005</u>	
17 Eastview St		West Hartford	CT	06107	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Wages for Helen for April							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$1,249.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Connecticut Democratic State Central Committee					05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1001</u>	
179 Allyn St		Hartford	CT	06103	POC	<input type="checkbox"/> Debit Card	
Description						Event #	\$50.00
Payment for Campaign Table Outside of JJB							
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					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
Barker Specialty					05/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1006</u>	
27 Realty Dr		Cheshire	CT	06410	A-SIGN	<input type="checkbox"/> Debit Card	
Description						Event #	\$482.30
Banner for Campaign							
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					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	OVHD		
Description						Event #	\$45.75
Service Fee for Payroll Service							
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					Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
CompleteCampaigns.com				05/16/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
3635 Ruffin Rd ,	San Diego	CA	92123	WEB		
Description					Event #	
Online Credi Card Processing						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$9.38

Name of Payee					Date of Payment	Method of Payment	Amount									
Jason Paul					05/16/2010	<input checked="" type="checkbox"/> Check #										
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1009</u>											
20 Northmoor	West Hartford	CT	06117	WAGE	<input type="checkbox"/> Debit Card											
Description						Event #										
Wages from 4/29 to 5/12 Jason																
<table border="0"> <tr> <td>Is this expenditure coordinated with another candidate for which reimbursement is sought?</td> <td>Other Candidate(s) Name</td> <td>Office Sought</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought														
<input type="checkbox"/> Yes																
<input checked="" type="checkbox"/> No																
							\$693.44									

Name of Payee				Date of Payment	Method of Payment	Amount
Aaron Frankel				05/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1007</u> <input type="checkbox"/> Debit Card	
28 Farmstead Ln	West Hartford	CT	06117	WAGE		
Description					Event #	
Wages from 4/29 to 5/12 Aaron						
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						\$823.16

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Devin Guglietta					05/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1008</u>	
27 Brainley Rd		West Hartford	CT	06110	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$596.94
Wages from 4/19 to 5/12 Devin							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	\$176.84
Fed/State Taxes withheld to Payroll Service							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	\$115.50
Employer Tax to Payroll Service							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div>							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	
Fed/State Taxes withheld to Payroll Service							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$156.56							

Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	
Employer Tax to Payroll Service							
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							
\$98.18							

Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	
Fed/State Taxes withheld to Payroll Service							
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							
\$123.06							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	\$83.16
Employer Tax to Payroll Service							
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							

Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	OVHD		
Description						Event #	\$36.50
Service Fee for Payroll Service							
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							

Name of Payee					Date of Payment	Method of Payment	Amount
CompleteCampaigns.com					05/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
3635 Ruffin Rd ,		San Diego	CA	92123	WEB		
Description						Event #	\$19.50
Online Credi Card Processing							
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							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Barker Specialty					Date of Payment 05/20/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$617.50
Street Address 27 Realty Dr	City Cheshire	State CT	Zip Code 06410	Purpose of Expenditure Misc *	1011 <input type="checkbox"/> Debit Card		
Description T-Shirts for convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Demers Exp Services					Date of Payment 05/20/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$768.50
Street Address 180 Johnson St	City Middletown	State CT	Zip Code 06457	Purpose of Expenditure OVHD	1010 <input type="checkbox"/> Debit Card		
Description Table, chair, and banner cost for convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Mad Mimi					Date of Payment 05/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$36.00
Street Address 1 Prospect Park SW	City Brooklyn	State NY	Zip Code 11215	Purpose of Expenditure A-OTH	<input checked="" type="checkbox"/> Debit Card		
Description Email Blast service					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee CompleteCampaigns.com					Date of Payment 05/21/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$7.50
Street Address 3635 Ruffin Rd ,	City San Diego	State CA	Zip Code 92123	Purpose of Expenditure WEB	<input type="checkbox"/> Debit Card		
Description Online Credi Card Processing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Wal-Mart					Date of Payment 05/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount \$274.00
Street Address 495 Flatbush Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Description Polo Shirts for Convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee CompleteCampaigns.com					Date of Payment 05/25/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$7.50
Street Address 3635 Ruffin Rd ,	City San Diego	State CA	Zip Code 92123	Purpose of Expenditure WEB	<input type="checkbox"/> Debit Card		
Description Online Credi Card Processing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	\$176.84
Fed/State Taxes withheld to Payroll Service							
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							

Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	\$115.50
Employer Tax to Payroll Service							
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							

Name of Payee					Date of Payment	Method of Payment	Amount
SurePayroll					05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way		Glenview	IL	60025	WAGE		
Description						Event #	\$156.56
Fed/State Taxes withheld to Payroll Service							
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							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
SurePayroll				05/26/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way	Glenview	IL	60025	WAGE		
Description					Event #	
Employer Tax to Payroll Service						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
\$98.18						

Name of Payee						Date of Payment	Method of Payment	Amount
SurePayroll						05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
2350 Ravine Way		Glenview	IL	60025	WAGE			
Description							Event #	
Fed/State Taxes withheld to Payroll Service								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$187.13								

Name of Payee						Date of Payment	Method of Payment	Amount
SurePayroll						05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
2350 Ravine Way		Glenview	IL	60025	WAGE			
Description							Event #	
Employer Tax to Payroll Service								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$110.88								

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
SurePayroll				05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2350 Ravine Way	Glenview	IL	60025	OVHD		
Description					Event #	
Service Fee for Payroll Service						
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						
						\$38.35

Name of Payee						Date of Payment	Method of Payment	Amount
SurePayroll						05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
2350 Ravine Way		Glenview	IL	60025	WAGE			
Description							Event #	
Fed/State Taxes withheld to Payroll Service								
<div style="display: flex; justify-content: space-between;"> Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								
\$251.00								

Name of Payee						Date of Payment	Method of Payment	Amount
SurePayroll						05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
2350 Ravine Way		Glenview	IL	60025	OVHD	<input type="checkbox"/> Debit Card		
Description							Event #	
Employer Tax to Payroll Service								
<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 _____ Office Sought _____</div>								
\$173.25								

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE
Jonathan Harris 2010*							Original 07/12/2010
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jason Paul					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1013</u>	
20 Northmoor		West Hartford	CT	06117	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$693.44
Wages from 5/13 to 5/26 Jason							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
CompleteCampaigns.com					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
3635 Ruffin Rd ,		San Diego	CA	92123	WEB		
Description						Event #	\$7.50
Online Credi Card Processing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Aaron Frankel					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1012</u>	
28 Farmstead Ln		West Hartford	CT	06117	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	\$823.16
Wages from 5/13 to 5/26 Aaron							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
Other Candidate(s) Name							
Office Sought							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Helen Rubino-Turco					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1015</u>	
17 Eastview St		West Hartford	CT	06107	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Wages for Helen for May							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$1,249.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Mary Alyson Pilagin					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1016</u>	
108 Cromwell St		Hartford	CT	06114	OFFICE	<input type="checkbox"/> Debit Card	
Description						Event #	
Garbage Bags Purchased by Volunteer							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$9.53							
Name of Payee					Date of Payment	Method of Payment	Amount
Maureen Magnan					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1019</u>	
120 Elmfield St		West Hartford	CT	06110	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Cost of Cups for JJB							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$2,524.01							

IV. EXPENDITURES

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

Name of Payee				Date of Payment	Method of Payment	Amount
Patrick McGloin				05/28/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1020</u>	
75 Westland Ave	West Hartford	CT	06107	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Printed items for Dem Convention						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
						\$260.19

Name of Payee					Date of Payment	Method of Payment	Amount
101 South Street LLC					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1018</u>		
PO Box 747	Farmington	CT	06032	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Rent for April and May							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$1,000.00

Name of Payee						Date of Payment	Method of Payment	Amount
Barile Printers						05/28/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
43 Viets St		New Britain	CT	06053	A-DM			
Description							Event #	
Convention Post Cards								
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								
\$564.84								

IV. EXPENDITURES

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

Name of Payee					Date of Payment	Method of Payment	Amount
Devin Guglietta					05/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1014</u>		
27 Brainley Rd	West Hartford	CT	06110	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Wages from 5/13 to 5/26 Devin							
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							
\$772.87							

Name of Payee					Date of Payment	Method of Payment	Amount
Devin Guglietta					06/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1027</u>		
27 Brainley Rd	West Hartford	CT	06110	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Items for 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							
\$112.42							

Name of Payee					Date of Payment	Method of Payment	Amount
101 South Street LLC					06/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1024</u>		
PO Box 747	Farmington	CT	06032	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Rent for June							
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							
\$500.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Eliott Ponte					Date of Payment 06/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1021</u>	Amount \$636.68
Street Address 200 Bloomfield Ave	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Items for convention and food for volunteers					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Magnani Press					Date of Payment 06/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1023</u>	Amount \$631.58
Street Address 120 New Park Ave	City Hartford	State CT	Zip Code 06106	Purpose of Expenditure A-OTH	<input type="checkbox"/> Debit Card		
Description Campaign stickers					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Tracy Frankel					Date of Payment 06/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1025</u>	Amount \$213.76
Street Address 28 Farmstead Ln	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure A-OTH	<input type="checkbox"/> Debit Card		
Description Lanyard and Laminating (for giveaways at convention)					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Aaron Frankel					Date of Payment 06/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1026</u>	Amount \$594.09
Street Address 28 Farmstead Ln	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Hotel Cost for Convetion					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Merchant Warehouse					Date of Payment 06/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1022</u>	Amount \$35.20
Street Address PO Box 6600	City Hagerstown	State MD	Zip Code 21740	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description Fees for credit card processing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Jason Paul					Date of Payment 06/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1022</u>	Amount \$1,177.46
Street Address 20 Northmoor	City West Hartford	State CT	Zip Code 06117	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Office supplies, Items for Mailer and food for staff					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Jonathan Harris					Date of Payment 06/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$767.22
Street Address 71 Emily Way	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure RCW	1028		
Description Food for staff meeting, items for HQ					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Helen Rubino-Turco					Date of Payment 06/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$68.55
Street Address 17 Eastview St	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure RCW	1031		
Description Photocopies for campaing, Items for fundrasiers					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Marcus Communications LLC					Date of Payment 06/04/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$318.00
Street Address 275 New State Rd	City Manchester	State CT	Zip Code 06045	Purpose of Expenditure OVHD	1030		
Description Raido Rental Charge for Convention					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Wine Cellers 4					06/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1029</u>	
68 Farmington Ave		Farmington	CT	06032	FNDR	<input type="checkbox"/> Debit Card	
Description						Event #	
Wine for Fundraisers						05072010B	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input checked="" type="checkbox"/> Yes			Beth Bye		State Senator, 5th		\$170.76
<input type="checkbox"/> No					Disc.		

Name of Payee					Date of Payment	Method of Payment	Amount
CompleteCampaigns.com					06/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input type="checkbox"/> Debit Card	
3635 Ruffin Rd ,	San Diego	CA	92123	WEB			
Description						Event #	
Online Credi Card Processing							
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							
							\$22.50

Name of Payee					Date of Payment	Method of Payment	Amount
Pocket Wireless					06/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input type="checkbox"/> Debit Card	
45 Kane St	West Hartford	CT	06119	OVHD			
Description						Event #	
Cell Phone Bill							
<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>							
							\$46.11

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Jonathan Harris				06/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1032</u>	
71 Emily Way	West Hartford	CT	06107	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Meet and Greet during convention, hotel suiet						
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$1,934.88
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						

Name of Payee						Date of Payment	Method of Payment	Amount	
Jonathan Harris						06/24/2010	<input checked="" type="checkbox"/> Check # <u>1035</u>		
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card			
71 Emily Way		West Hartford	CT	06107	RCW				
Description							Event #		
Campagin Dinner meeting									
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 <input checked="" type="checkbox"/> No </div> <div style="width: 65%;"></div> </div>								Other Candidate(s) Name	Office Sought
Other Candidate(s) Name	Office Sought								
\$384.55									

Name of Payee				Date of Payment	Method of Payment	Amount
AT&T				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1038</u>	
PO Box 8110	Aurora	IL	60507	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
Phones & Internet for Februrary until May 23 (order #8d1503786)						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						
						\$1,630.35

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Maureen Magnan				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1036</u>	
120 Elmfield St	West Hartford	CT	06110	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Literature for convention						
<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>						
						\$401.66

Name of Payee				Date of Payment	Method of Payment	Amount
Lawrence Price				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1039</u>	
24 Bainton Rd	West Hartford	CT	06117	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
Food for campaign staff						
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						
						\$106.05

Name of Payee				Date of Payment	Method of Payment	Amount
Connecticut Democratic State Central Committee				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1037</u> <input type="checkbox"/> Debit Card	
179 Allyn St	Hartford	CT	06103	POC		
Description					Event #	
Items for Democratic Convention						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,500.00
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
Aaron Frankel						06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1040</u>		
28 Farmstead Ln		West Hartford	CT	06117	WAGE	<input type="checkbox"/> Debit Card		
Description							Event #	
Wages from 5/27 to 6/23 Aaron								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
Other Candidate(s) Name								
Office Sought								
\$1,480.99								

Name of Payee						Date of Payment	Method of Payment	Amount
Post Master						06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1033</u>		
70 Weston St		Hartford	CT	06120	POST	<input type="checkbox"/> Debit Card		
Description							Event #	
Bulk Mail Postage								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
Other Candidate(s) Name								
Office Sought								
\$96.71								

Name of Payee						Date of Payment	Method of Payment	Amount
Christopher Straton						06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1034</u>		
9 Concord St		West Hartford	CT	06119	RCW	<input type="checkbox"/> Debit Card		
Description							Event #	
Food 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								
\$77.91								

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Jonathan Harris 2010*						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Sandy Weller					06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1042</u>	<input type="checkbox"/> Debit Card	
116 W Avon Rd	Unionville	CT	06085	FNDR			
Description					Event #		
Items for fundrasier							
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							\$52.96
Name of Payee					Date of Payment	Method of Payment	Amount
Devin Guglietta					06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1041</u>	<input type="checkbox"/> Debit Card	
27 Brainley Rd	West Hartford	CT	06110	WAGE			
Description					Event #		
Wages from 5/27 to 6/9 Devin							
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							\$582.07
Total of Section N						\$43,039.52	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE
Jonathan Harris 2010*						Original 07/12/2010
O. Campaign Expenses Paid By Candidate						
Name of Payee Effies Place				Date of Payment 04/05/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$13.87
Street Address 91 Park Rd		City West Hartford	State CT	Zip Code 06119		
Purpose of Expenditure FOOD	Description Campaign meeting with Kevin Sullivan			Event #		
Name of Payee Rookies Sports Bar				Date of Payment 04/05/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$190.79
Street Address 51 Shunpike Rd		City Cromwell	State CT	Zip Code 06416		
Purpose of Expenditure FOOD	Description Delegate Meet and Greet			Event #		
Name of Payee Ruby Tuesday				Date of Payment 04/07/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$32.50
Street Address 94 W Farms Mall		City Farmington	State CT	Zip Code 06032		
Purpose of Expenditure FOOD	Description Food for Volunteers			Event #		
Name of Payee Effies Place				Date of Payment 04/08/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$15.67
Street Address 91 Park Rd		City West Hartford	State CT	Zip Code 06119		
Purpose of Expenditure FOOD	Description Campaign Meeting with Chris Murphy			Event #		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee Dunkin Donuts					Date of Payment 04/09/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount
Street Address 5151 Park Ave			City Bristol		State CT	Zip Code 06825			
Purpose of Expenditure FOOD		Description Food for Volunteers					Event #		
									\$9.04

Name of Payee Spris Resturant				Date of Payment 04/12/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$23.07
Street Address 10 Constiution Plz		City Hartford	State CT	Zip Code 06103		
Purpose of Expenditure FOOD	Description Food for Volunteers				Event #	

Name of Payee Burger King					Date of Payment 04/12/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount \$9.61
Street Address 811 Main St			City Hartford		State CT	Zip Code 06103			
Purpose of Expenditure FOOD		Description Food for Volunteers					Event #		

Name of Payee LAZ Parking					Date of Payment 04/12/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$17.00
Street Address 100 Columbus Blvd			City Hartford	State CT	Zip Code 06103		
Purpose of Expenditure TRVL	Description JJB Parking					Event #	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee McDonalds				Date of Payment 04/14/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$5.49
Street Address 185 Asylum St		City Hartford		State CT	Zip Code 06103			
Purpose of Expenditure FOOD	Description Food for Volunteers				Event #			

Name of Payee Spot Eatery				Date of Payment 04/16/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$7.37
Street Address 949 New Britan Ave		City West Hartford		State CT	Zip Code 06110			
Purpose of Expenditure FOOD	Description Food for Volunteers				Event #			

Name of Payee Effies Place				Date of Payment 04/16/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$16.41
Street Address 91 Park Rd		City West Hartford		State CT	Zip Code 06119			
Purpose of Expenditure FOOD	Description Campaign Lunch Meeting with Nick Carbone				Event #			

Name of Payee Spot Eatery				Date of Payment 04/19/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$7.37
Street Address 949 New Britan Ave		City West Hartford		State CT	Zip Code 06110			
Purpose of Expenditure FOOD	Description Food for Volunteers				Event #			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee Maple Giant Grinde				Date of Payment 04/19/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$8.22
Street Address 236 Adelaide		City Hartford	State CT	Zip Code 06114		
Purpose of Expenditure FOOD	Description Food for Volunteers				Event #	

Name of Payee McDonalds				Date of Payment 04/21/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 1103 E Main St		City Stamford	State CT	Zip Code 06878		
Purpose of Expenditure FOOD	Description Campaign Dinner Meeting				Event #	
						\$11.87

Name of Payee Kentucky Fried Chicken					Date of Payment 04/22/2010	Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Amount \$11.63
Street Address 480 Boston Post Rd			City Orange		State CT	Zip Code 06477	
Purpose of Expenditure FOOD	Description Campaign Dinner Meeting					Event #	

Name of Payee Officers Club				Date of Payment 04/27/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$30.00
Street Address 360 Broad St		City Hartford	State CT	Zip Code 06150		
Purpose of Expenditure FOOD	Description First District Chairs Lunch/Dinner Meeting				Event #	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee Illiano's Grill					Date of Payment 04/29/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount
Street Address 228 Flanders Rd			City Yantic		State CT	Zip Code 06357			
Purpose of Expenditure FOOD		Description Food for Volunteers					Event #		
									\$17.17

Name of Payee Walgreens					Date of Payment 05/08/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount
Street Address 940 Quaker Ln			City West Hartford		State CT	Zip Code 06110			
Purpose of Expenditure OFFICE		Description Cleaning items for HQ					Event #		
									\$12.63

Name of Payee Walgreens				Date of Payment 05/09/2010	Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Amount
Street Address 940 Quaker Ln		City West Hartford	State CT	Zip Code 06110		
Purpose of Expenditure OFFICE	Description Cleaning items for HQ and other items for HQ				Event #	
						\$32.59

Name of Payee Wood-N-Tap					Date of Payment 05/10/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount \$56.83
Street Address 99 Sisson Ave			City Hartford		State CT	Zip Code 06106			
Purpose of Expenditure FOOD		Description Campagin Dinner meeting					Event #		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee Wood-N-Tap					Date of Payment 05/10/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$56.83
Street Address 99 Sisson Ave			City Hartford		State CT	Zip Code 06106			
Purpose of Expenditure FOOD		Description Campagin Food					Event #		

Name of Payee Tapas Resturant				Date of Payment 05/11/2010		Is Reimbursement Claimed? <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Street Address 1150 New Britain Ave			City West Hartford		State CT	Zip Code 06110		
Purpose of Expenditure FOOD	Description Food for Volunteers					Event #		\$11.96

Name of Payee Reubens Deli					Date of Payment 05/11/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount \$44.07
Street Address 35 Lasalle Rd			City West Hartford		State CT	Zip Code 06107			
Purpose of Expenditure FOOD		Description Food for Volunteers					Event #		

Name of Payee First and Last				Date of Payment 05/13/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$9.06
Street Address 920 Maple Ave		City Hartford	State CT	Zip Code 06114		
Purpose of Expenditure FOOD	Description Campagin Food				Event #	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee Pho Boston Resturant				Date of Payment 05/16/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$23.30
Street Address 144 Shield St		City West Hartford		State CT	Zip Code 06110			
Purpose of Expenditure FOOD	Description Food for campaign staff					Event #		

Name of Payee Tapas Resturant				Date of Payment 05/17/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$42.22
Street Address 1150 New Britain Ave		City West Hartford		State CT	Zip Code 06110			
Purpose of Expenditure FOOD	Description Food for Volunteers					Event #		

Name of Payee First and Last				Date of Payment 05/17/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$9.06
Street Address 920 Maple Ave		City Hartford		State CT	Zip Code 06114			
Purpose of Expenditure FOOD	Description Meeting with Shirley Stienmentz					Event #		

Name of Payee Cromwell Diner				Date of Payment 05/18/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$21.89
Street Address 135 Berlin Rd		City Cromwell		State CT	Zip Code 06416			
Purpose of Expenditure FOOD	Description Meeting with Gerry Garcia					Event #		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee Kentucky Fried Chicken					Date of Payment 05/18/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount
Street Address 501 Farmington Ave			City Hartford		State CT	Zip Code 06105			
Purpose of Expenditure FOOD		Description Food for Volunteers					Event #		
									\$9.92

Name of Payee McDonalds				Date of Payment 05/18/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$7.71
Street Address 280 Kimberly Ave		City New Haven	State CT	Zip Code 06159		
Purpose of Expenditure FOOD	Description Food for campaign staff				Event #	

Name of Payee Wholefoods					Date of Payment 05/18/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount
Street Address 50 Raymond Rd			City West Hartford		State CT	Zip Code 06107			
Purpose of Expenditure FOOD		Description Food for campaign staff					Event #		
									\$13.50

Name of Payee Corner Pug				Date of Payment 05/19/2010	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 1046 New Britain Ave		City West Hartford	State CT	Zip Code 06110		
Purpose of Expenditure FOOD	Description Campagin Dinner meeting				Event #	
						\$122.06

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

O. Campaign Expenses Paid By Candidate

Name of Payee Elements Bistro				Date of Payment 05/26/2010	Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Amount
Street Address 1128 New Britain Ave		City West Hartford	State CT	Zip Code 06110		
Purpose of Expenditure FOOD	Description Campagin Dinner meeting				Event #	
						\$139.39

Name of Payee					Date of Payment		Is Reimbursement Claimed?		Amount	
Taco Bell					05/28/2010		<input checked="" type="checkbox"/> Yes			
Street Address					City		State			
1250 Farmington Ave					Bristol		CT		Zip Code	
									06101	
Purpose of Expenditure		Description						Event #		\$4.53
FOOD		Food for campaign staff								

Name of Payee Five Guys					Date of Payment 05/28/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>		Amount
Street Address 278 Scott Swamp Rd			City Farmington		State CT	Zip Code 06032			
Purpose of Expenditure FOOD		Description Food for campaign staff					Event #		
									\$17.23

Name of Payee AC Petersen Farm					Date of Payment 05/28/2010		Is Reimbursement Claimed? <div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	Amount
Street Address 240 Park Rd			City West Hartford		State CT	Zip Code 06119		
Purpose of Expenditure FOOD	Description Lunch Meeting with Campaing Staff					Event #		
								\$16.09

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE		
Jonathan Harris 2010*					Original 07/12/2010		
O. Campaign Expenses Paid By Candidate							
Name of Payee D'Angelo				Date of Payment 06/02/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 838 Farmington Ave		City Bristol		State CT	Zip Code 06010		
Purpose of Expenditure FOOD	Description Campagin Food				Event #		\$18.72
Total of Section O							\$3,086.65

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

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Jonathan Harris 2010*						Original 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Jonathan Harris				Date Incurred 05/25/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 71 Emily Way			City West Hartford			State CT	Zip Code 06197	
Purpose of Expenditure TRVL	Description Milage Reimbursement 2447 miles at .41 per mile							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								Other Candidate(s) Name Office Sought <

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

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

Name of Creditor Heather Dorsey		Date Incurred 05/28/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 200 Bloomfield Ave , ORL		City West Hartford		State CT		Zip Code 06117
Purpose of Expenditure CNSLT	Description Consulting Fees					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$250.00

Name of Creditor Elliott Ponte		Date Incurred 05/28/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 200 Bloomfield Ave , ORL		City West Hartford		State CT		Zip Code 06117
Purpose of Expenditure CNSLT	Description Consulting Fees					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$1,500.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

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

Name of Creditor Lawrence Price		Date Incurred 05/28/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 24 Bainton Rd		City West Hartford	State CT	Zip Code 06117	
Purpose of Expenditure CNSLT	Description Consulting Fees				
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		\$500.00	

Name of Creditor Dedra Leradi		Date Incurred 05/28/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 130 Hazelmere Rd		City New Britain	State CT	Zip Code 06053	
Purpose of Expenditure CNSLT	Description Consulting Fees				
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		\$500.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

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

Name of Creditor John O-Donnell		Date Incurred 05/28/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 5757 Robin Rd		City West Hartford		State CT		Zip Code 06119
Purpose of Expenditure CNSLT	Description Consulting Fees					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$250.00

Name of Creditor SurePayroll		Date Incurred 06/24/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 2350 Ravine Way		City Glenview		State IL		Zip Code 60025
Purpose of Expenditure WAGE	Description Employer Tax to Payroll Service					
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		\$80.85

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

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

Name of Creditor SurePayroll		Date Incurred 06/24/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 2350 Ravine Way		City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure WAGE	Description Employer Tax to Payroll Service				
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		\$219.80

Name of Creditor SurePayroll		Date Incurred 06/24/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 2350 Ravine Way		City Glenview	State IL	Zip Code 60025	
Purpose of Expenditure WAGE	Description Fed/State Taxes withheld to Payroll Service				
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		\$117.93

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

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

Name of Creditor SurePayroll		Date Incurred 06/24/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 2350 Ravine Way		City Glenview		State IL		Zip Code 60025
Purpose of Expenditure WAGE	Description Fed/State Taxes withheld to Payroll Service					
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
					\$519.01	
Name of Creditor Merchant Warehouse		Date Incurred 06/30/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address PO Box 6600		City Hagerstown		State MD		Zip Code 21740
Purpose of Expenditure OVHD	Description Credit Card Merchant Fees					
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
					\$32.95	
Total of Section Q					\$6,473.81	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Jason Paul		Date of Payment 04/01/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 93	Amount
Secondary Payee I Party		Purpose of Expenditure INAUG	<input type="checkbox"/> Debit Card	
Street Address 6 Simms Rd	City West Hartford	State CT	Zip Code 06117	
Description Balloons for Announcement			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$33.88

Name of Worker/Consultant Aaron Frankel		Date of Payment 04/06/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 94	Amount
Secondary Payee Staples		Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117	
Description Stamps for Mailer			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$340.21

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Jason Paul		Date of Payment 04/06/2010	Method of Payment <input checked="" type="checkbox"/> Check # 93	Amount
Secondary Payee Post Office		Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address Elmwood Branch	City West Hartford	State CT	Zip Code 06110	
Description Stamps for Mailer			Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>				
				\$440.00

Name of Worker/Consultant Aaron Frankel		Date of Payment 04/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # 94	Amount
Secondary Payee Office Depot		Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 1451 New Britan Ave	City West Hartford	State CT	Zip Code 06110	
Description Printer, Paper, and Cords			Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>				
				\$24.55

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Jason Paul	Date of Payment 04/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1022	Amount	
Secondary Payee Office Depot	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 1451 New Britan Ave	City West Hartford	State CT		Zip Code 06110
Description Items for Mailer and eater for staff	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought		

\$65.69

Name of Worker/Consultant Aaron Frankel	Date of Payment 04/08/2010	Method of Payment <input checked="" type="checkbox"/> Check # 94	Amount	
Secondary Payee Office Depot	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 1451 New Britan Ave	City West Hartford	State CT		Zip Code 06110
Description Toner for Printer	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
			\$82.65	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Maureen Magnan	Date of Payment 04/10/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1036	Amount
Secondary Payee BJ's Wholesale Club	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 507 New Park Ave	City West Hartford	State CT	
Description Candy for JJb			
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	\$111.11

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Maureen Magnan	Date of Payment 04/10/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1036	Amount	
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117
Description Literature for convention				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name				
Office Sought				\$15.07

Name of Worker/Consultant Aaron Frankel	Date of Payment 04/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # 94 <input type="checkbox"/> Debit Card	Amount 	
Secondary Payee Post Office	Purpose of Expenditure PRNT			
Street Address Elmwood Branch	City West Hartford	State CT		Zip Code 06110
Description Printer Ink Cartridges				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$440.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Maureen Magnan		Date of Payment 04/17/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1019 <input type="checkbox"/> Debit Card	Amount
Secondary Payee Barker Specialty		Purpose of Expenditure Gift *		
Street Address 27 Realty Dr	City Cheshire	State CT	Zip Code 06410	
Description Cost of Cups for JJB			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$2,524.01

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Helen Rubino-Turco		Date of Payment 04/18/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1031	Amount
Secondary Payee FedEx Kinko's		Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 1599 Southeast Rd	City Farmington	State CT	Zip Code 06032	
Description Photocopies for campaing			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$30.74

Name of Worker/Consultant Devin Guglietta		Date of Payment 04/18/2010	Method of Payment <input checked="" type="checkbox"/> Check # 100	Amount
Secondary Payee FedEx Kinko's		Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	Zip Code 06105	
Description Map of CT for Office			Event #	
<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>				
Other Candidate(s) Name		Office Sought		
				\$11.93

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Jason Paul	Date of Payment 04/18/2010	Method of Payment <input checked="" type="checkbox"/> Check # 99	Amount	
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117
Description Office Supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$8.47

Name of Worker/Consultant Jason Paul	Date of Payment 04/18/2010	Method of Payment <input checked="" type="checkbox"/> Check # 99	Amount	
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117
Description Office Supplies				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			\$16.20	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Devin Guglietta		Date of Payment 04/20/2010	Method of Payment <input checked="" type="checkbox"/> Check # 100 <input type="checkbox"/> Debit Card	Amount
Secondary Payee Office Depot		Purpose of Expenditure OFFICE		
Street Address 1451 New Britan Ave	City West Hartford	State CT	Zip Code 06110	
Description Envelopes, Bathroom Supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$8.17

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Jason Paul	Date of Payment 04/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 99	Amount	
Secondary Payee Office Depot	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 1451 New Britan Ave	City West Hartford	State CT		Zip Code 06110
Description Toner for Printer and Envelopes				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought			\$495.32	

Name of Worker/Consultant Jason Paul		Date of Payment 04/22/2010	Method of Payment <input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card	Amount
Secondary Payee Office Depot		Purpose of Expenditure PRNT		
Street Address 1451 New Britan Ave	City West Hartford	State CT	Zip Code 06110	
Description Paper for Printer			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$78.59

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Helen Rubino-Turco	Date of Payment 04/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1031	Amount	
Secondary Payee Cricket Press	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 19 Sedgwick	City West Hartford	State CT		Zip Code 06107
Description Photocopies for campaing				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$6.04

Name of Worker/Consultant Jason Paul		Date of Payment 04/29/2010	Method of Payment <input checked="" type="checkbox"/> Check # 99	Amount
Secondary Payee Post Office		Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address Elmwood Branch	City West Hartford	State CT	Zip Code 06110	
Description Stamps for Mailer			Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name Office Sought </div> </div>				
				\$660.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Devin Guglietta		Date of Payment 04/29/2010	Method of Payment <input checked="" type="checkbox"/> Check # 100	Amount
Secondary Payee Office Depot		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 1451 New Britan Ave	City West Hartford	State CT	Zip Code 06110	
Description Envelopes			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$33.90

Name of Worker/Consultant Sandy Weller		Date of Payment 05/02/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1042	Amount
Secondary Payee Trader Joes		Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 1489 New Britain Ave	City West Hartford	State CT	Zip Code 06110	
Description Items for fundrasier			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$52.96

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Helen Rubino-Turco		Date of Payment 05/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1031	Amount
Secondary Payee Stop & Shop		Purpose of Expenditure FNRD	<input type="checkbox"/> Debit Card	
Street Address 1235 Farmington Ave	City West Hartford	State CT	Zip Code 06107	
Description Items for Fundraiser (HRT)			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Other Candidate(s) Name Beth Bye		
		Office Sought Senator, 5th Dist		\$31.77
Name of Worker/Consultant Aaron Frankel		Date of Payment 05/07/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1026	Amount
Secondary Payee Pho Boston Resturant		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 144 Shield St	City West Hartford	State CT	Zip Code 06110	
Description Food for Volunteers			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		
		Office Sought		\$15.21

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Jason Paul	Date of Payment 05/13/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1022	Amount	
Secondary Payee Office Depot	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address 1451 New Britan Ave	City West Hartford	State CT		Zip Code 06110
Description Items for Mailer and eater for staff				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$343.77
Other Candidate(s) Name Office Sought				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment		Amount
Jason Paul	05/17/2010	<input checked="" type="checkbox"/> Check # 1022 <input type="checkbox"/> Debit Card		
Secondary Payee	Purpose of Expenditure			
Post Office	POST			
Street Address	City	State	Zip Code	
Bishops Correr	West Hartford	CT	06117	
Description	Event #			
Stamps for Mailer				
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				

\$140.00

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Jason Paul	05/17/2010	<input checked="" type="checkbox"/> Check # 1022		
Secondary Payee Post Office	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address Lasalle Road Branch	City West Hartford	State CT		Zip Code 06107
Description Stamps for Mailer				
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			\$117.60	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Maureen Magnan		Date of Payment 05/18/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1036	Amount
Secondary Payee Elmwood Pizza & Grind		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1154 New Britian Ave	City West Hartford	State CT	Zip Code 06110	
Description Food for Volunteers			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$24.12

Name of Worker/Consultant Maureen Magnan		Date of Payment 05/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1036	Amount
Secondary Payee Office Depot		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 1451 New Britan Ave	City West Hartford	State CT	Zip Code 06110	
Description Office Supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$97.41

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Jason Paul	05/19/2010	<input checked="" type="checkbox"/> Check # 1022		
Secondary Payee Office Depot	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 1451 New Britan Ave	City West Hartford	State CT		Zip Code 06110
Description Ink for Printers	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought			\$152.60	

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount \$111.30
Elliott Ponte	05/20/2010	<input checked="" type="checkbox"/> Check # 1021	
Secondary Payee	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Kinko's	PRNT		
Street Address	City	State	
544 Farmington Ave	Hartford	CT	
Description			Zip Code
Flyers for Convention			Event #
<hr/>			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Tracy Frankel	Date of Payment 05/20/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1025	Amount	
Secondary Payee Staples	Purpose of Expenditure Gift *	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117
Description Lanyard and Laminating Ledger (for giveaways at convention)				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$52.93

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Elliott Ponte		Date of Payment 05/21/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1021	Amount
Secondary Payee Subway		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1131 Q Tolland Tpke	City Manchester	State CT	Zip Code 06040	
Description Food for Staff & Volunteers			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$12.83

Name of Worker/Consultant Jason Paul	Date of Payment 05/21/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1022	Amount	
Secondary Payee CVS Pharmacy	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 1099 New Britain Ave	City West Hartford	State CT		Zip Code 06110
Description Items for Convention				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought		\$22.46

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Maureen Magnan	05/21/2010	<input checked="" type="checkbox"/> Check # 1036 <input type="checkbox"/> Debit Card	
Secondary Payee	Purpose of Expenditure		
Staples	OFFICE		
Street Address	City	State	
2550 Albany Ave	West Hartford	CT	
Description	Zip Code	Event #	
Supplies for Convention	06117		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	\$75.13
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Aaron Frankel		Date of Payment 05/22/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1026	Amount \$200.48
Secondary Payee Hilton		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 315 Trumbull St	City Hartford	State CT	Zip Code 06103	
Description Hotel Cost for Convention			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name Office Sought 		

Name of Worker/Consultant Christopher Straton	Date of Payment 05/22/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1034	
Secondary Payee Subway	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 471 Farmington Ave	City Hartford	State CT	Zip Code 06105
Description Food for Convention Staff			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$77.91

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Maureen Magnan	Date of Payment 05/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1036
Secondary Payee Vito's Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card
Street Address 14 E Cedar St	City Newington	State CT
Description Food for staff meeting	Zip Code 06111	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought

\$60.69

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Maureen Magnan	Date of Payment 05/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1036	Amount
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 150 New Park Ave	City Hartford	State CT	Zip Code 06106
Description Soda, water, and snacks for staff meeting and office			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$18.13

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Patrick McGloin	Date of Payment 05/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1020	Amount	
Secondary Payee Kinko's	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 1599 Southeast Rd	City Farmington	State CT		Zip Code 06032
Description Printed items for Dem Convention				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought			\$129.82	

[illegible]**Total of Section R**

\$10,524.13

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jonathan Harris 2010*	Original 07/12/2010

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				

Total of Section S	
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