

Electronic Filing

Office Use Only

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| SUMMARY PAGE | | | | | | | | | | | |
|---|-------------------|-----------------------|---------|-----------------|--------------------------------|-----------|---------|-----------------------------|--|--|--|
| 1.NAME OF COMMITTEE | | | | | | | 2. TY | PE OF COMMITTEE | | | |
| Jonathan Harris 2010 [,] | k | | | | | | x | · ····· | | | |
| 3. TREASURER NAME | | | | | | | | Exploratory Committee | | | |
| Title | First | | | MI | Last | | | Suffix | | | |
| | Eliott | | | с | Ponte | | | | | | |
| 4. TREASURER ADDRESS | | | 1 | | | 1 | | | | | |
| Street Address | | | City | 11 | | State | | Zip Code | | | |
| 200 Bloomfield Ave West Hartford CT 06117 | | | | | | | | | | | |
| 5. ELECTION DATE | | | 6. 0 | OFFICE SOUC | GHT (if applicable) | | 7. DIST | RICT CODE (if applicable) | | | |
| 11/02/2010 | | Secretary of the Sta | ate | | | | | | | | |
| 8. CANDIDATE NAME | | | | - | - | | | | | | |
| Title | First Jonathan | | | МІ А. | Last Harris | | | Suffix | | | |
| | Jonathan | | | <u> </u> ^: | | | | | | | |
| 9. TYPE OF REPORT | | | | | | | | | | | |
| July 10 Filing - Origina | al | | | | | | | | | | |
| 10. PERIOD COVERED | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Beginning Date | | | Ending Date | | | | | | |
| | | 04/01/2010 | thr | u | 06/30/2010 | | | | | | |
| | | | | | | | | | | | |
| | | | 11 CFF | RTIFICATION | J | | | | | | |
| | | | 11. CLI | CHITCATION | N | | | | | | |
| | | | | | | | | | | | |
| | - | | | | l of the information set forth | | | | | | |
| accurate and | | gn Finance Disclosure | State | ment for the | e period covered is true, | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Electronic Filing | | Eliott Ponte | | | 07/1 | 2/2010 | | | | | |
| SIGNATURE | | PRINT NAME OF TH | E SIGNI | ER | DATE | CERTIFIED | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | BLE BY FINE NOT TO EXCEED | | | | | | |
| | \$1,0 | 000, OR IMPRISONMENT | f for N | IOT MORE TH | HAN ONE YEAR, OR BOTH. | | | | | | |
| | | | | | | | | | | | |

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

| 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 | |

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| | | I. MONETAR | Y RECI | EIPTS | (Section | n A-I) | | | | |
|---|-----------------------|----------------------------------|-----------|----------------|----------------------|--|------------------------|----------------------------|-----------------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | F | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | С | Drigina | 1 07/12/2010 |
| A. Total Contributions from | m Small (| Contributors-Recei | ved this | Perio | d ONLY | r | | I | | |
| (See instructions for definition of Small | Contributor) | | | | Subt | total Section A | \$0.00 | | | |
| | - | B. Itemized Con | tribution | s from | Individu | als | | - | | |
| Last Name | First Name | | Ν | MI | | contribution: | | Contribution II | D # | Amount of |
| Lappen | Phyllis | | | | Cash Money | | al Check Debit Card | 433 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | E | ate Received | | |
| 31 Mallard Dr . | | Avon | | | СТ | 06001 | 0 | 4/02/2010 | | |
| Principal Occupation | | Name of Employer Not employed | | | | Is this contribution ass fundraising event lister If yes, list Event # | | | res No | |
| Is contributor a principal of a state contractor | or prospective | Yes X | No I | is contribu | itor a lobbyist | , spouse, or | Aggre | egate Contribution | ns | |
| state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Executive Legislative | | dependent Y | child of a lob es | - | | \$18 | 3.00 | \$18.00 |
| Last Name Spiegelman | First Name Rosalyn | | Ν | MI | Cash | | al Check | Contribution II | D # | Amount of Contribution |
| | | | | | Money | Order Credit/ | Debit Card | | | |
| Residential Street Address 144 S Main St | | City West Hartford | | | State CT | Zip Code 06107 | | ate Received | | |
| | | | | | CI | Is this contribution ass | | | | |
| Principal Occupation | | Name of Employer Not employed | | | | fundraising event listed If yes, list Event # | | | res No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of | or prospective | Yes X | | | itor a lobbyist | byist? | Aggre | egate Contribution \$10 | | \$10.00 |
| government the contract is with: | <u> </u> | Executive Legislative | | Y | es X | No | | · · · · · | | |
| Last Name | First Name | | Ν | MI | | contribution: | al Check | Contribution II | D # | Amount of |
| Zelman | Karen | | | | Cash Money | | Debit Card | 435 | | Contribution |
| Residential Street Address | • | City | | | State | Zip Code | | ate Received | | |
| 11 Proctor Dr . | | West Hartford | | | СТ | 06117 | 0 | 4/02/2010 | | |
| Principal Occupation | | Name of Employer Self | | | | Is this contribution ass fundraising event lister | | | ſes | |
| PhD. | | Sell | | | | If yes, list Event # | | L N | No | |
| Is contributor a principal of a state contractor | or prospective | Yes X | | | tor a lobbyist | | Aggre | egate Contribution | ns | |
| state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Executive Legislative | | Y | child of a lob es | - | | \$25 | 5.00 | \$25.00 |
| Last Name | First Name | | Ν | MI | Method of o | contribution: | | Contribution II | D # | Amount of |
| Most | Shari | | | | Cash Money | = | al Check Debit Card | 436 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | E | ate Received | | |
| 140 W Ridge Dr . | | West Hartford | | | СТ | 06117 | 0 | 4/03/2010 | | |
| Principal Occupation | | Name of Employer | | | | Is this contribution ass fundraising event lister | | | í es | |
| Medical Secretary | | Dr. Robert Rudnicki | | | | If yes, list Event # | | л П N | No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of | or prospective | Yes X | | dependent | tor a lobbyist | byist? | Aggre | egate Contribution \$25 | ^{ns} 5.00 | \$25.00 |
| government the contract is with: | | Executive Legislative | ; | Y | es X | No | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|--|---|-----------|--|---|-----------|---------------------------|----------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contributio | ons from | Individu | als | | | | | | |
| Last Name First | rst Name | | MI | Method of c | contribution: | | Contributio | n ID # | Amount of | | |
| Leopold Ra | andi | | | Cash Money | Cash X Personal Check Money Order Credit/Debit Card 437 | | | | Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 54 Bainton Rd . | West Hartford | | СТ | 06117 | | 4/03/2010 | | | | | |
| Principal Occupation Teacher | Name of Employer West Hartford Public Schools | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | | | | | | | | \$100.00 | | |
| | rst Name 'illiam | | MI | Method of c Cash Money | contribution: X Personal Cl Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | | |
| Residential Street Address 18 Cedar Ledge Rd . | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 4/03/2010 | | | | |
| Principal Occupation Periodontist | | Name of Employer Self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or pro- state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Executive | dependent | utor a lobbyist child of a lobb es | byist? | Aggreg | gate Contribut \$1 | tions 00.00 | \$100.00 | | |
| Last Name Firs Weisman Joe | rst Name Del | | MI | Method of c Cash Money | contribution: X Personal Cl Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | | |
| Residential Street Address 25 Forest Hill Dr . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/03/2010 | 1 | | | |
| Principal Occupation RE Developer | | Name of Employer Self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 19 L | Yes No | | | |
| Is contributor a principal of a state contractor or pro- state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Executive | | utor a lobbyist child of a lobb es | byist? | Aggreg | gate Contribut \$ | tions 50.00 | \$50.00 | | |
| | rst Name avid | | MI | Method of c Cash Money | contribution: X Personal Cl Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | | |
| Residential Street Address 49 Wilfred St . | | City West Hartford | | State CT | Zip Code 06110 | | ate Received 4/05/2010 | | | | |
| Principal Occupation Professor | | Name of Employer Trinity | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or pro- state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Yes X No | | utor a lobbyist child of a lobb es | byist? | Aggreg | gate Contribut \$ | tions 50.00 | \$50.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|----------------------|--------------------------------------|--|--|---|--------|---------------------------|-------------------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | | |
| Last Name | First Name | | MI | Mathad of | oontribution: | | 1 | | | | |
| Yush | Annette | | MI | Cash | d of contribution: ash X Personal Check Ioney Order Credit/Debit Card | | | i ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 10 Westview Dr . | | Bloomfield | | СТ | 06002 | 04 | 4/05/2010 | | | | |
| Principal Occupation | | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective Is contributor a bobyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | \$25.00 | | |
| Last Name Feltman | First Name Philip | 1 | МІ | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 442 | ID# | Amount of Contribution | | |
| Residential Street Address 20 W Ridge Dr . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/05/2010 | | | | |
| Principal Occupation Pharmacist | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggres | gate Contributio \$10 | ons)0.00 | \$100.00 | | |
| Last Name Glazier | First Name Joan | | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution 443 | ID# | Amount of Contribution | | |
| Residential Street Address 1817 Asylum Ave . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/06/2010 | | | | |
| Principal Occupation | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributio \$2 | ons 25.00 | \$25.00 | | |
| Last Name Green | First Name Marc | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 444 | ID# | Amount of Contribution | | |
| Residential Street Address 17 Schuyler Ln | | City West Hartford | | State CT | Zip Code 06002 | | ate Received 4/06/2010 | | | | |
| Principal Occupation Owner | | Name of Employer Lux Bond & Green | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$2 | ^{ons} 25.00 | \$25.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|-----------------------|--|--|---|---|--------|---------------------------|---------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | | |
| Last Name | First Name | | MI | Mathod of | contribution: | | | | | | |
| Zeldis | William | | MI | Cash | | | | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 62 Pilgrim Rd . | | West Hartford | | СТ | 06117 | 04 | 4/06/2010 | | ł | | |
| Principal Occupation | | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | \$25.00 | | |
| Last Name Goldstein | First Name Evan | 1 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 447 | n ID # | Amount of Contribution | | |
| Residential Street Address 14 Mountain Rd . | | City Farmington | | State CT | Zip Code 06032 | | ate Received 4/06/2010 | | | | |
| Principal Occupation Attorney | | Name of Employer Updike, Kelly and Spellacy | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | dependent | utor a lobbyist child of a lob es | byist? | Aggres | gate Contributio \$10 | ons 00.00 | \$100.00 | | |
| Last Name Arnow | First Name Elaine | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 446 | n ID # | Amount of Contribution | | |
| Residential Street Address 5 Aspetuck Ln | | City Westport | | State CT | Zip Code 06880 | | ate Received 4/06/2010 | | | | |
| Principal Occupation Realtor | | Name of Employer William Raveis | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributio \$7 | ions 75.00 | \$75.00 | | |
| Last Name Levine | First Name Shirley | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 448 | n ID # | Amount of Contribution | | |
| Residential Street Address 48 Fox Chase Ln . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/07/2010 | | | | |
| Principal Occupation | | Name of Employer not employed | | • | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributio \$2 | ions 25.00 | \$25.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|----------------------|--|---|--|---|-----------|---------------------------|----------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | | |
| Last Name | First Name | | MI | Method of o | contribution: | | Contributio | n ID # | Amount of | | |
| Bloom | Edith | | | Cash Money | Cash X Personal Check 449 | | | | Contribution | | |
| Residential Street Address | | City | | State | Zip Code Date Receiv | | | | | | |
| 20 Devenwood Dr . | Farmington | | СТ | 06032 | | 4/07/2010 | | | | | |
| Principal Occupation Retired | | Name of Employer retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | | | | | | | | \$100.00 | | |
| Last Name Nemergut | First Name Greg | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | | |
| Residential Street Address 20 Sulgrave Rd . | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 4/07/2010 | | | | |
| Principal Occupation Owner | | Name of Employer West Side Wines & Spirits | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | dependent | utor a lobbyist child of a lob res | byist? | Aggre | gate Contribut \$1 | tions 00.00 | \$100.00 | | |
| Last Name Needle | First Name Debbie | | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | | |
| Residential Street Address 27 Hilldale Rd . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/07/2010 | 1 | | | |
| Principal Occupation Administrator | | Name of Employer Watkinson School | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 19 L | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No Executive Legislative | | utor a lobbyist child of a lob res | byist? | Aggre | gate Contribut \$ | tions 50.00 | \$50.00 | | |
| Last Name Berman | First Name Elliot | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contributio 451 | n ID # | Amount of Contribution | | |
| Residential Street Address 11 Chestnut Hill Rd | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 4/07/2010 | | | | |
| Principal Occupation Dentist | | Name of Employer Sorokin & Berman | | · | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob ⁷ es X | byist? | Aggres | gate Contribut \$ | tions 50.00 | \$50.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|----------------------|-------------------------------------|--|---|---|-----------|---------------------------|-------------------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | | |
| Last Name | First Name | | МІ | Mathod of | contribution: | | Contribution | ID # | | | |
| Greenspoon | Albert | | NII . | Cash | | | | ID# | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 10 Emily Way | West Hartford | | СТ | 06107 | 04 | 4/08/2010 | | ł | | | |
| Principal Occupation | | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective Is ves Ves Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes No Aggregate Contributions | | | | | | | | | \$50.00 | | |
| Last Name Mandell | First Name Geri | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 453 | ID# | Amount of Contribution | | |
| Residential Street Address 100 Steele Rd . | | City West Hartford | | State CT | Zip Code 06119 | | ate Received 4/08/2010 | | | | |
| Principal Occupation Office Administrator | | Name of Employer Dr. Jay Mandell | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | dependent | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$5 | ons 50.00 | \$50.00 | | |
| Last Name Goldberg | First Name Paul | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 454 | ID# | Amount of Contribution | | |
| Residential Street Address 39 Waterside Ln | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 4/08/2010 | | | | |
| Principal Occupation | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contributio \$2 | ^{ons} 25.00 | \$25.00 | | |
| Last Name Magnan | First Name Robert | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 456 | ID# | Amount of Contribution | | |
| Residential Street Address 869 Farmington Ave | | City West Hartford | 1 | State CT | Zip Code 06119 | 04 | ate Received 4/09/2010 | | | | |
| Principal Occupation | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggre | gate Contributio \$3 | ^{ons} 35.00 | \$35.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|-------------------------------|---|--------------------------------|--|---|--|-------------|---------------------------|---------------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Ite | emized Contribution | ons from | ı Individu | ials | | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Gantalhartia | ID # | | |
| Nash | Rosemari | e | | | Cash | y Order Credit/De | Contributio | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | | |
| 124 Songbird Ln | 124 Songbird Ln West Hartford | | | | | 06032 | 04 | 4/09/2010 |) | | |
| Principal Occupation | nployer oyed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions \$50.00 | | | | | | | | | | \$50.00 | |
| Last Name Cunningham | First Name Glenn | i | | MI | Cash | contribution: X Personal O y Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 89 Van Buren Ave | | City West Harl | ford | | State CT | Zip Code 06107 | | ate Received 4/09/2010 |) | | |
| Principal Occupation | nployer & Goodwin | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob Yes X | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 | |
| Last Name Andrews | First Name Mary | | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 178 Westland Ave . | | City West Hart | ford | | State CT | Zip Code 06107 | | ate Received 4/09/2010 |) | | |
| Principal Occupation Nurse | | Name of Em West Har | ployer tford Board of Educa | ation | | Is this contribution associ fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob ′es | byist? | Aggre | gate Contribu \$ | tions 25.00 | \$25.00 | |
| Last Name Schwartz | First Name Freda | | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 60 Cassandra Blvd . | | City West Harl | ford | | State CT | Zip Code 06107 | | ate Received 4/10/2010 |) | | |
| Principal Occupation Nursing Home Operator | | Name of Em West Har | ployer tford Health & Reha | b | | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyis child of a lob Yes X | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|----------------------|---------------------------|----------------|-----------|---|--|--------|---------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 | |
| B. Itemized Contributions from Individuals | | | | | | | | | | | |
| Last Name Brel | First Name Andrei | | | MI | Cash | contribution: X Personal C v Order Credit/De | | Contribution | ı ID # | Amount of Contribution | |
| Residential Street Address 2 Park Place Cir | | | | | | Zip Code 06110 | | tte Received 4/11/2010 | | | |
| Principal Occupation Name of Employer President Juniper Health Care | | | | | 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: Legislative | | | | | | | | \$100.00 | | | |
| Last Name Ma | First Name Naogan | - | | MI | Cash | contribution: X Personal C v Order Credit/De | | Contribution 471 | n ID # | Amount of Contribution | |
| Residential Street Address 90 Grennan Rd . | | City West Hartfe | ord | | State CT | Zip Code 06107 | | te Received 4/11/2010 | | | |
| Principal Occupation Name of Employer teacher Trinity | | | | | | Is this contribution associ fundraising event listed ir If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | Yes X No | | utor a lobbyist child of a lob es X | byist? | Aggreg | ate Contributi \$5 | ions 50.00 | \$50.00 | |
| Last Name Brel | First Name Zhanna | | | MI | Cash | contribution: V Order | | Contribution | n ID # | Amount of Contribution | |
| Residential Street Address 2 Park Place Cir . | | City West Hartfo | ord | | State CT | Zip Code 06110 | | ite Received 4/11/2010 | | | |
| Principal Occupation Owner | | Name of Emp Elmwood k | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | - | Yes X No | dependent | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributi \$1(| ions 00.00 | \$100.00 | |
| Last Name Brel | First Name Julia | | | MI | Cash | contribution: X Personal C v Order Credit/De | | Contribution 477 | n ID # | Amount of Contribution | |
| Residential Street Address 25 Riverview | | City Avon | | | State CT | Zip Code 06001 | 04 | te Received | | | |
| Principal Occupation School Psychologist | | Name of Emp Bloomfield | Public Schools | 1 | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | | Yes X No | | utor a lobbyist child of a lob es | byist? | Aggreg | ate Contributi \$10 | ions 00.00 | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|----------------------|--|---|---|---|-----------|---------------------------|---------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | ı Individu | ials | | | | | | |
| Last Name | First Name | | МІ | Method of | contribution: | | Contributior | » ID # | | | |
| Tharau | Joan | | | Cash | y Order Credit/Debit Card | | | II ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 5 Polly Dan Rd | Burlington | | СТ | 06013 | 04 | 4/11/2010 | | | | | |
| Principal Occupation | | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Aggregate Contributions Figure Aggregate Contributions the contract is with: Aggregate Contributions \$25.00 | | | | | | | | | \$25.00 | | |
| Last Name Elling | First Name Ray | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 470 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 9K Talcott Glen Rd | | Farmington | | СТ | 06032 | 04 | 4/11/2010 | | | | |
| Principal Occupation | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyis child of a lob 'es X | byist? | Aggre | gate Contributi \$ | ions 50.00 | \$50.00 | | |
| Last Name Stango | First Name Joseph | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 467 | n ID # | Amount of Contribution | | |
| Residential Street Address 85 Hampton Ct | - | City Southbury | | State CT | Zip Code 06488 | | ate Received 4/11/2010 | | | | |
| Principal Occupation Investment Officer | | Name of Employer Wells Fargo Advisors | | <u> </u> | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyis child of a lob 'es | byist? | Aggre | gate Contributi \$10 | ions 00.00 | \$100.00 | | |
| Last Name Stango | First Name Maria | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 468 | n ID # | Amount of Contribution | | |
| Residential Street Address 85 Hampton Ct | | City Southbury | • | State CT | Zip Code 06488 | | ate Received 4/11/2010 | | | | |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyis child of a lob 'es X | byist? | Aggre | gate Contributi \$10 | ions 00.00 | \$100.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|--|------------------------------|-----------|---|---|-----------|---------------------------|----------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contributio | n ID # | Amount of | | |
| Bourgoin | Diane | | | Cash Money | Cash X Personal Check Money Order Credit/Debit Card | | | | Contribution | | |
| Residential Street Address 3 Sheila Ct | | City | | State CT | Zip Code Date Received 06010 04/11/201 | | | | | | |
| | | | | | | | | 1 | | | |
| Principal Occupation Home Health Aide | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative | | | | | | | | | \$10.00 | | |
| Last Name Muskjian | First Name Evelyn | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 2 Boxwood Rd . | | Farmington | | СТ | 06032 | 04 | 4/11/2010 |) | | | |
| Principal Occupation | | Name of Employer None | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribut \$1 | tions 00.00 | \$100.00 | | |
| Last Name Daly | First Name John | | MI | X Cash | contribution: Personal C v Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 2 Boxwood Rd . | | Farmington | | СТ | 06032 | 04 | 4/11/2010 |) | | | |
| Principal Occupation Student | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$ | tions 30.00 | \$30.00 | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contributio | n ID # | Amount of | | |
| Tandy | Bruce | 1 | | Cash Money | / Order X Credit/Deb | | 503 | | Contribution | | |
| Residential Street Address 174 Rosemary Ln | | City South Windsor | | State CT | Zip Code 06074 | | ate Received 4/12/2010 | | | | |
| Principal Occupation | | Name of Employer | | <u> </u> | Is this contribution associa | | | 1 | | | |
| dentist | | self-Drs Bush, Tandy, and Ko | rus | | fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is yes, indexe when ordered or ordered or a second se | | | | | | | | | \$100.00 | | |
| government the contract is with: | | | | | | 1 | | | 1 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------|------------------------|--|-----------|--|--|---------------------------|---------------------------|---------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Iter | nized Contributio | ons from | Individu | ials | | | | |
| Last Name Grubin | First Name Ruth | | | MI | Cash | contribution: X Personal C Order Credit/De | | Contribution 479 | n ID # | Amount of Contribution |
| Residential Street Address 50 Porter Dr . | | City West Hartf | ord | | State CT | Zip Code 06117 | | tte Received 4/12/2010 | | |
| Principal Occupation | Retired | | | | | | ated with a Section J1 | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contribution (Contractor) Legislative Aggregate Contribution (Contractor) Yes X No Legislative Aggregate Contribution (Contractor) Yes X No Yes X No | | | | | | | | ions 50.00 | \$50.00 | |
| Last Name Zamstein | First Name Jacob | | | MI | Cash | contribution: X Personal C / Order Credit/De | | Contribution 480 | n ID # | Amount of Contribution |
| Residential Street Address 148 Sunny Reach Rd | | | | | | | | nte Received 4/12/2010 | | |
| Principal Occupation Physician | | • | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | Yes X No | | utor a lobbyist child of a lob res X | byist? | Aggreg | gate Contributi \$10 | ions 00.00 | \$100.00 |
| Last Name Belliveau | First Name Robert | | | MI | Cash | contribution: V Order | | Contribution 464 | n ID # | Amount of Contribution |
| Residential Street Address 361 Mountain Rd . | | City West Hartf | ord | - | State CT | Zip Code 06107 | | nte Received 4/12/2010 | | |
| Principal Occupation Social Worker | | Name of Emp Self | loyer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributi \$5 | ions 50.00 | \$50.00 |
| Last Name Robinson | First Name Andee | | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contribution 465 | n ID # | Amount of Contribution |
| Residential Street Address 62 Emily Way | | City West Hartf | ord | | State CT | Zip Code 06107 | | ate Received 4/12/2010 | | |
| Principal Occupation | | Name of Emp Retired | loyer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions (spouse, or dependent child of a lobbyist) Is contract or? Is contract or branches of government the contract is with: Is contract or cont | | | | | | | | | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|---|-----------------------|------------------------------|--|-----------|--|--|-----------------------------|-----------------------------|-----------------------------|
| NAME OF COMMITTEE | | | | | | | | FI | LING DUE DATE |
| Jonathan Harris 2010* | | | | | | | | Or | riginal 07/12/2010 |
| | | B. Ite | mized Contributi | ons from | Individu | ials | | | |
| Last Name Robinson | First Name Richard | | | MI | Cash | contribution: X Personal C / Order Credit/De | Check | Contribution ID 466 | # Amount of Contribution |
| Residential Street Address 62 Emily Way | | ^{City} West Hart | ford | | State CT | Zip Code 06107 | | e Received /12/2010 | |
| Principal Occupation Attorney | | Name of Em Pullman 8 | ployer & Comley. L.L.C. | | | Is this contribution associ fundraising event listed in If yes, list Event # | | ? | |
| Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate | | | | | | | ate Contributions \$100. | | |
| Last Name Lesser | First Name Kenneth | | | MI | Cash | contribution: X Personal C / Order Credit/De | Check | Contribution ID 462 | # Amount of Contribution |
| Residential Street Address 172 Cedarwood Ln | | City Newingtor | ı | | State CT | Zip Code 06111 | | e Received /12/2010 | |
| Principal Occupation Banking Consultant | | | Is this contribution associ fundraising event listed ir If yes, list Event # | | ? | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob Yes | byist? | Aggrega | ate Contributions \$100. | |
| Last Name Goldberg | First Name Alfred | | | MI | Cash | contribution: Personal C Order X Credit/De | Check | Contribution ID 504 | # Amount of Contribution |
| Residential Street Address 60 Colonial Rd | | ^{City} Madison | | - | State CT | Zip Code 06443 | | e Received /13/2010 | |
| Principal Occupation Exec Director | | Name of Em The Cam | ^{ployer} eron Kravitt Founda | tion | | Is this contribution associ fundraising event listed in If yes, list Event # | | ? | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggrega | ate Contributions \$50.0 | |
| Last Name Mcclay | First Name Maureen | | | MI | Cash | contribution: X Personal C / Order Credit/De | Check | Contribution ID 484 | # Amount of Contribution |
| Residential Street Address 48 Manchester Cir | | City West Hart | | | State CT | Zip Code 06110 | 04/ | e Received /13/2010 | |
| Principal Occupation Exec. Ass't | | Name of Em Ct Comm | ^{ployer} unity Colleges | | | Is this contribution associ fundraising event listed in If yes, list Event # | | ? | |
| Is contributor a principal of a state contractor or prospective Yes Yes Aggregate Contributions state contractor? Is contract which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|---|-----------|---|---|---------------|---------------------------|--------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | ID# | | |
| Carmody | Samuel | | | Cash | v Order X Credit/Deb | | 506 | | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Date Received | | | | |
| 210 High St | | Wallingford | | СТ | 06492 | 04 | 4/13/2010 | | | |
| Principal Occupation Registrar of Voters | | Name of Employer Town of Wallingford, CT | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: The transformation of the transf | | | | | | | | \$100.00 | | |
| Last Name Grody | First Name Jeffrey | 1 | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 505 | ID# | Amount of Contribution | |
| Residential Street Address 110 High Wood Rd | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/13/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Business Executive Colt Defense LLC If yes, list Event # No | | | | | | | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$10 | ons 00.00 | \$100.00 | |
| Last Name Pasternack | First Name Saul | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 481 | ID# | Amount of Contribution | |
| Residential Street Address 20 Burnwood Dr . | | City Bloomfield | | State CT | Zip Code 06002 | | ate Received 4/13/2010 | | | |
| Principal Occupation CPA | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributi \$1 | ons 10.00 | \$10.00 | |
| Last Name Pasternack | First Name Joanne | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 482 | ID# | Amount of Contribution | |
| Residential Street Address 20 Burnwood Dr . | | City Bloomfield | | State CT | Zip Code 06002 | | ate Received 4/13/2010 | | | |
| Principal Occupation | | Name of Employer Not employed | | • | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of covernment the contract is with: Is contributive Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes X No Yes X No Yes X No | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--|-------------------------------|------------------------------|---|--------|--------------------------|--------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | Origina | al 07/12/2010 | | |
| | B. Itemized Contribution | ons from 1 | Individu | als | | | | | | |
| Last Name First Name | | MI | Method of c | contribution: | | | | | | |
| Reid Barbara | | IVII | Cash Money | X Personal C | | Contribution 483 | 1 ID # | Amount of Contribution | | |
| Residential Street Address | City | | State | Zip Code | Da | ate Received | | | | |
| 5-2 Camelot Dr . | Bloomfield | | СТ | 06002 | 04 | 4/13/2010 | | | | |
| Principal Occupation Realator | Name of Employer Caldwell Banker | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Executive Legislative Yes X No State contractor? government the contract is with: Executive Legislative Yes X No State contractor | | | | | | | | \$10.00 | | |
| Last Name First Name Gina | | MI | Method of c Cash Money | contribution: X Personal C Order Credit/Deb | | Contribution 485 | ID# | Amount of Contribution | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | |
| 430 S Main St | West Hartford | | СТ | 06110 | | 4/13/2010 | | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Retired If yes, list Event # 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: | Executive | Is contribute dependent cl | hild of a lob | byist? | Aggreg | gate Contributio \$10 | ons)0.00 | \$100.00 | | |
| Last Name First Name John F.X. | | MI | Method of c | × Personal C | | Contribution 486 | ID # | Amount of Contribution | | |
| Residential Street Address | City | | State | Zip Code | Da | ate Received | | | | |
| 83 Sylvan Ave . | West Hartford | | СТ | 06107 | 04 | 4/13/2010 | | | | |
| Principal Occupation Attorney | Name of Employer TR Grace | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive | Is contributed dependent cl | hild of a lob | byist? | Aggreg | gate Contributio \$10 | ons 00.00 | \$100.00 | | |
| Last Name First Name | | MI | Method of c | | | Contribution | ID # | Amount of | | |
| Papermaster Beth | | | Cash Money | Order Personal C | | 487 | | Contribution | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | |
| 33 Linbrook Rd . | West Hartford | | СТ | 06107 | 04 | 4/13/2010 | | | | |
| Principal Occupation | Name of Employer not employed | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | tate contractor? s yes, indicate which branch or branches of s yes, indicate which branch or branches of tate contractor? s yes, indicate which branch or branches of tate contractor? s yes, indicate which branch or branches of tate contractor? | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|---|-----------------------|--|-------------------|---|---|--------|-----------------------------|---------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | |
| LastNews | Einst Name | | MI | Mathadach | | | [| | |
| Last Name Papermaster | First Name Daniel | | мі | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 488 | n ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | |
| 33 Linbrook Rd . | | West Hartford | | СТ | 06107 | 04 | 4/13/2010 | | |
| Principal Occupation Attorney | | Name of Employer Bingham McCutchen | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | | | | | | | \$100.00 | |
| Last Name Weinstein | First Name Richard | 1 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 461 | n ID # | Amount of Contribution |
| Residential Street Address 52 Norwood Rd . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/13/2010 | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Attorney Weinstein & Wisser If yes, list Event # No | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggre | gate Contributi \$5 | ions 50.00 | \$50.00 |
| Last Name Peterson | First Name David | | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution 490 | n ID # | Amount of Contribution |
| 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 | 9 | I | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob es X | byist? | Aggres | gate Contributi \$10 | ons 00.00 | \$100.00 |
| Last Name MacDonnell | First Name Bill | | MI | Cash | contribution: Personal C v Order X Credit/Deb | | Contribution 507 | n ID # | Amount of Contribution |
| Residential Street Address 158 Hunter Dr | | State CT | Zip Code 06107 | | ate Received 4/14/2010 | | | | |
| Principal Occupation dentist anesthesiologist | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legis | | | | | | | | | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--------------------------|----------------------------------|-------------------------|---------------------------|--|--|-------|---------------------------|-----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemiz | zed Contributi | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | ID # | |
| Grody | Brandon | | | | Cash | y Order X Credit/De | | 508 | 50 ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 110 High Wood Rd | Wood Rd West Hartford CT | | | | | | | 4/14/2010 |) | |
| Principal Occupation college student | | Name of Employe Daemen Colle | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contributions Legislative Aggregate Contributions Pres X No Aggregate Contributions \$50.00 | | | | | | | | \$50.00 | | |
| Last Name Grody | First Name Andrea | I | | MI | Cash | contribution: Personal G y Order X Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 110 High Wood Rd | | State CT | Zip Code 06117 | ate Received 4/15/2010 |) | | | | | |
| Principal OccupationName of EmployerIs this contribution associated with a fundraising event listed in Section J1? If yes, list Event #Image: Control of Control YesStudentNo | | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$ | tions 50.00 | \$50.00 |
| Last Name Solinsky | First Name Alan | | | MI | Cash | contribution: X Personal G y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 43 Juniper Ln | | ^{City} West Hartford | 1 | | State CT | Zip Code 06117 | | ate Received 4/16/2010 |) | |
| Principal Occupation Opthamologist | | Name of Employe Solinsky Eyee | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 12 L | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | Yes X No Legislative | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 |
| Last Name Solinsky | First Name Susan | | | MI | Cash | contribution: X Personal G y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 43 Juniper Ln | | City West Hartford | 1 | | State CT | Zip Code 06117 | | ate Received 4/16/2010 |) | |
| Principal Occupation Nurse Practitioner | | Name of Employe UConn Health | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | |
| Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions \$100.00 \$10 | | | | | | | | | | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-----------------------------|--|---|---|---|---------------------------|--------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | FILING | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | Origin | al 07/12/2010 | |
| | | B. Itemized Contribu | itions fror | n Individu | ials | | | | |
| Last Name | First Name | | MI | Method of | contribution: | Contribu | tion ID # | Amount of | |
| Wilder | Louise | | | Cash Money | y Order | 491 | | Contribution | |
| Residential Street Address | | City | | State | Zip Code | Date Receive | d | | |
| 42 Kenmore Rd . | | Bloomfield | | СТ | 06002 | 04/16/203 | LO | ļ | |
| Principal Occupation | | Name of Employer Homemaker | | | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions | | | | | | | sutions \$25.00 | \$25.00 | |
| Last Name Santo Domingo | First Name Marianne | | MI | Cash | contribution: X Personal C y Order Credit/Deb | 494 | tion ID # | Amount of Contribution | |
| Residential Street Address 84 Whiting Ln | | City West Hartford | | State CT | Zip Code 06119 | Date Receive 04/16/203 | | | |
| Principal Occupation | Name of Employer retired | 4 | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | depender | butor a lobbyis nt child of a lob Yes X | byist? | Aggregate Contril | outions | \$100.00 | |
| Last Name Fishman | First Name Hedyth | | MI | Cash | contribution: X Personal C y Order Credit/Deb | 495 | tion ID # | Amount of Contribution | |
| Residential Street Address 21 High Wood Rd . | | City West Hartford | | State CT | Zip Code 06117 | Date Receive 04/16/202 | | | |
| Principal Occupation Manager | | Name of Employer Fishman Group | | | Is this contribution associa fundraising event listed in If yes, list Event # | Section J1? | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | depender | butor a lobbyis nt child of a lob Yes X | byist? | Aggregate Contril | outions | \$100.00 | |
| Last Name | First Name | | MI | | contribution: | Contribu | tion ID # | Amount of | |
| Peterson | Peter | | | Cash Money | y Order Credit/Deb | 496 | | Contribution | |
| Residential Street Address 18 Midlands | | City West Hartford | | State CT | Zip Code 06107 | Date Receive 04/16/202 | | | |
| Principal Occupation Periodontist | | Name of Employer John Bierly and Peterson | | 4 | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | | | | | | | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|----------------------|---|----------|---|---|--------|---------------------------|----------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contributio | ons from | Individu | als | | | | | |
| Last Name | First Name | | MI | Method of a | contribution: | | Contributio | n ID # | | |
| Weiner | Jacob | | | Cash | v Order X Credit/Deb | | 510 | II ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 415 South St | | MA | 02454 | 04 | 4/16/2010 | | - | | | |
| Principal Occupation Student | | Name of Employer Brandeis University | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions | | | | | | | | | \$20.00 | |
| Last Name Emer | First Name David | | МІ | Method of o Cash Money | contribution: Personal C Order X Credit/Deb | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 20 Black Horse Dr . | | Acton | | MA | 01720 | | 4/16/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Researcher Commonwealth of Massachusetts If yes, list Event # No | | | | | | | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contribut \$ | tions 25.00 | \$25.00 | |
| Last Name Tellar | First Name Robert | | MI | Cash | contribution: Personal C v Order X Credit/Deb | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 69 Huntington Dr | | West Hartford | | СТ | 06117 | 04 | 4/17/2010 | | | |
| Principal Occupation retired | | Name of Employer retired | - | | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | itor a lobbyist child of a lob es | byist? | Aggreg | gate Contribut \$1 | tions 00.00 | \$100.00 | |
| Last Name Tellar | First Name Carol | | MI | Cash | contribution: Personal C v Order X Credit/Deb | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address 69 Huntington Dr | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/17/2010 | | | |
| Principal Occupation retired | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legisla | | | | | | | | | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|------------------------------------|-----------------------------|--|-----------|---|--|---------------------------|---------------------------|----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized | Contributio | ons from | Individu | lals | | | | |
| Last Name | First Name | | | MI | Method of o | contribution: | | Contribution | n ID # | Amount of |
| Kovack | Zena | | | | Cash Money | v Order X Credit/Del | | 514 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 61 Meadow Farms Rd . | 51 Meadow Farms Rd . West Hartford | | | | | | 0. | 4/17/2010 | | - |
| Principal Occupation civil servant | il servant retired | | | | | | ated with a Section J | 1? L | Yes No | |
| state contractor? dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes | | | | | | | | gate Contribut \$. | tions 20.00 | \$20.00 |
| Last Name Adams | МІ | Cash | contribution: Personal C Order X Credit/Del | | Contribution 515 | n ID # | Amount of Contribution | | | |
| Residential Street Address 235 Tennessee Ave NE | | State DC | Zip Code 20002 | | ate Received 4/17/2010 | | | | | |
| | | Washington | | | DC | Is this contribution associ | | · · | | ſ |
| rune of Employer | | | | | | | ated with a | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | gislative | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribut \$ | tions 20.00 | \$20.00 |
| Last Name Hahn | First Name Rosalind B | 3. | | MI | Cash | contribution: X Personal C v Order Credit/Del | | Contribution | n ID # | Amount of Contribution |
| Residential Street Address 39 Ironwood Rd . | | City West Hartford | | - | State CT | Zip Code 06117 | Date Received 04/18/2010 | | I | |
| Principal Occupation | | Name of Employer Retired | | | | Is this contribution associ fundraising event listed in | ated with a | a x | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | x No | | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribut \$ | tions 72.00 | \$72.00 |
| Last Name Tessler | First Name Steven | | | MI | Cash | contribution: X Personal C v Order Credit/Del | | Contribution | n ID # | Amount of Contribution |
| Residential Street Address City 138 Steele Rd . West Hartford | | | | | State CT | Zip Code 06119 | | ate Received 4/18/2010 | | |
| Principal Occupation Loans | | | Is this contribution associ fundraising event listed in If yes, list Event # <u>04</u> | Section J | | Yes No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative | | | | | | | | | \$50.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------|------------------------------|---|-----------|--|---|---------------|---------------------------|-----------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origin | al 07/12/2010 |
| | | B. Ite | emized Contribution | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | | ID // | |
| Nabel | Richard | | | | Cash | y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 262 N Quaker Ln | | West Harl | ford | | СТ | 06119 | 04 | 4/18/2010 | D | |
| Principal Occupation Program Director | | Name of Em Global Pa | nployer artnership Schools | | | Is this contribution associ fundraising event listed in If yes, list Event # 04 | n Section J | | Yes No | |
| state contractor? dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | | | | | gate Contribu | itions \$50.00 | \$50.00 | |
| Last Name Flynn | First Name Kevin | 1 | | MI | Cash | contribution: Personal of y Order X Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 67 Sachem Rd | | ^{City} Fairfield | | | State CT | Zip Code 06825 | | ate Received 4/18/2010 | D | |
| Principal Occupation CSR | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyist child of a lob ⁷ es X | byist? | Aggre | gate Contribu \$1 | itions | \$100.00 |
| Last Name Leff | First Name Laurel | | | MI | Cash | contribution: X Personal (y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 20 Northmoor Rd . | | City West Harl | ford | | State CT | Zip Code 06117 | | ate Received 4/18/2010 | D | |
| Principal Occupation Professor | | Name of Em Northeas | ployer tern University | | | Is this contribution assoc fundraising event listed in If yes, list Event # 04 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$1 | utions | \$100.00 |
| Last Name Singer | First Name Irwin | | | MI | Cash | contribution: X Personal (y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 74 Farmstead Ln | | City West Hart | ford | | State CT | Zip Code 06117 | | ate Received 4/18/2010 | | |
| Principal Occupation Engineer | | Name of Em Belkay Co | | | | Is this contribution assoc fundraising event listed in If yes, list Event # 04 | | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative | | | | | | | | | \$25.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|-----------------------------|---|---|---|------------|---------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | |
| Last Name | First Name | | MI | Method of (| contribution: | | | | | |
| Worobow | Daryl | | 1911 | Cash | v Order X Credit/Deb | | Contribution 544 | 1 ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 35 High Gate Dr | | Avon | | СТ | 06001 | 04 | 4/18/2010 | | ł | |
| Principal Occupation Financial Advisor | | Name of Employer MetLife | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legisla | | | | | | | | \$30.00 | | |
| Last Name Donahue | First Name Francis | 1 | MI | Method of o Cash Money | contribution: X Personal C Order Credit/Deb | | Contribution 521 | n ID # | Amount of Contribution | |
| Residential Street Address 23 Crocker Ave . | | City West Hartford | | State CT | Zip Code 06110 | | ate Received 4/19/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Retired If yes, list Event # No | | | | | | | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$10 | ions 00.00 | \$100.00 | |
| Last Name Hanzalek | First Name Astrid | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 523 | n ID # | Amount of Contribution | |
| Residential Street Address 31 Abraham Ter . | | City Suffield | | State CT | Zip Code 06078 | | ate Received 4/20/2010 | | | |
| Principal Occupation | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | ted with a | a 🔲 | Yes | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributi \$5 | ions 50.00 | \$50.00 | |
| Last Name Karl | First Name Edward | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 524 | n ID # | Amount of Contribution | |
| Residential Street Address 265 Westmount | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/20/2010 | | | |
| Principal Occupation Periodontist | | Name of Employer Self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| s contributor a principal of a state contractor or prospective s yes, indicate which branch or branches of overnment the contract is with: | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|------------------------|-------------------|--|---|--|-----------|---------------------------|-----------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Ite | emized Contributi | ons from | ı Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | on ID # | A manual of |
| Kennelly | Barbara | | | | Cash X Personal Check Money Order Credit/Debit Card 52. | | | | | Amount of Contribution |
| Residential Street Address | | City Hartford | | | State | Zip Code | | ate Received | | |
| 95 Scarborough St . | | СТ | 06105 | | 4/20/2010 |) | | | | |
| Principal Occupation Pres./CEO | nployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contributor a lobbyist? Aggregate Contributions | | | | | | | | | \$100.00 | |
| Last Name rosenberg | First Name carol | i | | MI | Cash | contribution: Personal C Order X Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 10 Norwood Rd | tford | | State CT | Zip Code Date Rec 06117 04/20/ | | |) | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Bookkeeper Rosenberg Orthodontics If yes, list Event # No | | | | | | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob ⁷ es X | byist? | Aggre | gate Contribu \$1 | ttions | \$100.00 |
| Last Name Klene | First Name Roger | | | MI | Cash | contribution: X Personal C v Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 37 Mountain Rd | | City Farmingto | on | | State CT | Zip Code 06032 | | ate Received 4/21/2010 |) | |
| Principal Occupation Pres/CEO | | Name of En Mott Cor | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 12 L | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es X | byist? | Aggre | gate Contribu \$1 | itions | \$100.00 |
| Last Name Furey | First Name Valerie | | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 19 Southdown Dr . | | City Bristol | | | State CT | Zip Code 06010 | | ate Received 4/21/2010 |) | |
| Principal Occupation | | Name of En Not emp | | | • | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | |
| Is contributor a principal of a state contractor or prospective Is syses, indicate which branch or branches of government the contract is with: Executive Legislative Legi | | | | | | | | | | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|--|----------------------------------|--|-----------|---|---|---------------------------|---------------------------|----------------|---------------------------|--|
| NAME OF COMMITTEE FILING DUE DATE | | | | | | | | | | | |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemiz | ed Contribution | ons from | Individu | ials | | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | | ID // | | |
| Hillman | Lillian | | | Cash | V Order Credit/De | Contributio | II ID # | Amount of Contribution | | | |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | | |
| 24 Wedgewood Dr . | | Bloomfield | | | СТ | 06002 | 0 | 4/21/2010 |) | | |
| Principal Occupation Name of Employer Is this contri Not employed If yes, list E | | | | | | | | 1? L | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution \$15 Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contribution \$15 | | | | | | | | | tions 15.00 | \$15.00 | |
| Last Name JAcobson | MI | Cash | contribution: X Personal (/ Order Credit/De | | Contributio | n ID # | Amount of Contribution | | | | |
| Residential Street Address 4 Deepwood Ln | | ^{City} West Hartford | l | | r · · · · · | | | ate Received 4/21/2010 |) | | |
| Principal Occupation Lawyer | | Name of Employe Reid & Reige | 21 | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribut \$ | tions 10.00 | \$10.00 | |
| Last Name Weisel | First Name Helen | | | MI | Cash | contribution: X Personal (7 Order Credit/De | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address 1 King Philip Dr . | | City West Hartford | l | | State CT | Zip Code 06117 | | ate Received 4/21/2010 | 1 | | |
| Principal Occupation | | Name of Employe Retired | 2r | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | | Yes X No Legislative | dependent | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$ | tions 25.00 | \$25.00 | |
| Last Name Fritzer | First Name Elizabeth | | | MI | Cash | contribution: Personal 0 7 Order X Credit/De | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address City 66 Cottonwood Rd Newington | | | | | | Zip Code 06111 | | ate Received 4/22/2010 | | | |
| Principal Occupation Claims Adjuster | | Name of Employe The Hartford | er | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | 1? L | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Is yes, indicate which branch or branches of Is contribution Lucid time Lucid time Luc | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|---|--|-----------|------------------------------|---|---|---------|-------------------------------|---------------------------|--|
| NAME OF COMMITTEE FILING DUE | | | | | | | | | | |
| Jonathan Harris 2010* | | | | | | | | Orig | ginal 07/12/2010 | |
| | | B. Itemized Cor | ıtributio | ns from | Individu | ials | | | | |
| Last Name Cohen | First Name Michael | | | MI | Method of contribution: Cash X Personal Check Money Order Credit/Debit Card | | | Contribution ID # 530 | Amount of Contribution | |
| Residential Street Address 24 Wyndcliffe Park | | | | | | | | e Received /22/2010 | | |
| Principal Occupation Real Estate Manager | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # No | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | t, spouse, or byist? No | Aggrega | ate Contributions \$50.00 | \$50.00 | | | | | |
| Last Name Cohen | First Name Naomi | - | | MI | Cash | contribution: X Personal (/ Order Credit/De | Check | Contribution ID # 531 | Amount of Contribution | |
| Residential Street Address 24 Wyndcliffe Park . | | City Bloomfield | | | State CT | Zip Code 06002 | | e Received /22/2010 | | |
| Principal Occupation | | Name of Employer Retired | | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | ? Yes | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislativ | No No | | utor a lobbyist child of a lob es | byist? | Aggrega | ate Contributions \$50.00 | \$50.00 | |
| Last Name Frankel | First Name Ethan | | | MI | Cash | contribution: X Personal of y Order Credit/De | Check | Contribution ID # 540 | Amount of Contribution | |
| Residential Street Address 28 Farmstead Ln | | ^{City} West Hartford | | | State CT | Zip Code 06117 | | e Received /22/2010 | | |
| Principal Occupation sales rep. | | Name of Employer Hafele America Corp. | | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | ? Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislativ | No No | dependent | itor a lobbyist child of a lob es | byist? | Aggrega | ate Contributions \$100.00 | \$100.00 | |
| Last Name Dupuis | First Name Carol | - | | MI | Cash | contribution: X Personal (/ Order Credit/De | Check | Contribution ID # 532 | Amount of Contribution | |
| Residential Street Address City 26 Clark Dr . West Hartford | | | | | State CT | Zip Code 06117 | | e Received /22/2010 | | |
| Principal Occupation | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | ? Yes No | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislativ | No No | | utor a lobbyist child of a lob es | byist? | Aggrega | ate Contributions \$100.00 | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|---|------------------------------|--|-----------|--|--|---------------------------|---------------------------|---------------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | | Origin | al 07/12/2010 | |
| | | B. Ite | mized Contributi | ons from | Individu | ials | | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | G (1) (| ID // | | |
| Diproto | Darlene | - | | | Cash | y Order Credit/De | Contributio | on ID # | Amount of Contribution | | |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | | |
| 3 Oak Rd . | | Cromwell | | | СТ | 06416 | 0 | 4/22/2010 | 0 | 1 | |
| Principal Occupation Town Clerk | 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 Yes Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution \$25 Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contribution \$25 | | | | | | | | | itions \$25.00 | \$25.00 | |
| Last Name McDermott | MI | Cash | contribution: x Personal G y Order Credit/De | | Contributio | on ID # | Amount of Contribution | | | | |
| Residential Street Address 28 Valley Run Dr . | | City Cromwell | | | State CT | Zip Code 06416 | | ate Received 4/22/2010 | 0 | | |
| Principal Occupation Sales | | Name of Emp ADT Secu | | | - | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob ⁷ es X | byist? | Aggre | gate Contribu \$ | itions \$10.00 | \$10.00 | |
| Last Name Krouk | First Name Marsha | | | MI | Cash | contribution: X Personal G y Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 1109 Coventry Ave . | | City Cheltenha | m | | State PA | Zip Code 19012 | | ate Received 4/23/2010 | D | | |
| Principal Occupation Physician | | Name of Emp Marsha Ki | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$1 | utions | \$100.00 | |
| Last Name Elvgren | First Name Anne | - | | MI | Cash | contribution: X Personal G y Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 26 Timberline Dr . | | ^{City} Farmingto | n | | State CT | Zip Code 06032 | | ate Received 4/23/2010 | D | | |
| Principal Occupation Chief Marketing Officer | | Name of Emp Robinson | ployer & Cole LLP | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | | |
| | | | | | | | | | | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|--|-------------------------|--------------------------|-----------|---|--|-------|---------------------------|---------------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Ite | emized Contributi | ons from | Individu | ials | | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | m ID # | | |
| Webber | Linda | | | | Cash | y Order Credit/De | 539 | 500 HD # | Amount of Contribution | | |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | | |
| 12 Emily Way | | West Har | tford | | СТ | 06107 | 04 | 4/23/2010 |) | | |
| Principal Occupation Interior Designer | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? L | Yes No | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contribution of the principal of a lobbyist? State Contribution of a lobbyist? State Contribution of a lobbyist? State Contribution of the principal of a lobbyist? State Contribution of the prin of the principal of a lobbyist? < | | | | | | | | | tions 525.00 | \$25.00 | |
| Last Name First Name MI Wilder Marjorie MI | | | | | | contribution: x Personal O y Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 85 Emily Way | | City West Har | tford | | StateZip CodeDateCT0610704/3 | | | |) | | |
| Principal Occupation Attorney | | Name of En self-emp | | | - | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob 'es | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 | |
| Last Name Wilder | First Name Michael | | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 85 Emily Way | | City West Har | tford | | State CT | Zip Code 06107 | | ate Received 4/23/2010 |) | | |
| Principal Occupation arbitrator | | Name of En | nployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob 'es | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 | |
| Last Name Sullivan | First Name Kevin | | | MI | Cash | contribution: Personal Q y Order X Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 70 Timberwood Rd | | City West Har | tford | | State CT | Zip Code 06117 | | ate Received 4/26/2010 |) | | |
| Principal Occupation President/CEO | | Name of En The Chilo | nployer Iren's Museum | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Aggregate Contributions | | | | | | | | | | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--|----------------------------------|--------------------------|-------------|---|--|--------|---------------------------|-------------|---------------------------|
| NAME OF COMMITTEE FILING D | | | | | | | | | | |
| Jonathan Harris 2010* | | | | | | | | (| Origina | ıl 07/12/2010 |
| | | B. Itemized Co | ntributio | ns from | Individu | ials | | | | |
| Last Name Greenberg | First Name Arnold | | | MI | Method of contribution: Cash X Personal Check 552 Money Order Credit/Debit Card | | | | ID # | Amount of Contribution |
| Residential Street Address City 65 Westwood Rd West Hartford | | | | | | Zip Code 06117 | | ate Received 4/27/2010 | | |
| Principal Occupation Private Investor | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | t, spouse, or byist? No | Aggreg | gate Contributio \$50 | ons 0.00 | \$50.00 | | | | | |
| Last Name Derby | First Name Steven | | | MI | Cash | contribution: X Personal / Order Credit/De | | Contribution I | ID # | Amount of Contribution |
| Residential Street Address 54 White Ave . | | City West Hartford | | | State CT | Zip Code 06119 | | ate Received 4/27/2010 | | |
| Principal Occupation | | Name of Employer Retired | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislati | X No | | ttor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$20 | ons 0.00 | \$20.00 |
| Last Name Hall | First Name Robert | | | MI | Cash | contribution: X Personal / Order Credit/Do | | Contribution I 550 | ID # | Amount of Contribution |
| Residential Street Address 53 Sunset Farm Rd . | | ^{City} West Hartford | | | State CT | Zip Code 06107 | | ate Received 4/27/2010 | | |
| Principal Occupation Dentist | | Name of Employer Retired | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislati | X No | | ttor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$100 | ons 0.00 | \$100.00 |
| Last Name Maloney | First Name John | | | MI | Cash | contribution: X Personal 7 Order Credit/Do | | Contribution I 553 | ID # | Amount of Contribution |
| Residential Street Address City 53 Woodridge Cir . West Hartford | | | | | State CT | Zip Code 06107 | 04 | ate Received 4/27/2010 | | |
| Principal Occupation | | Name of Employer not employed | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislat | X No | | ntor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$100 | ons 0.00 | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|---|-----------------------------|---------------------|---|---|--------|---------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | |
| Last Name | First Name | | МІ | Method of | contribution: | | Contribution | m # | | |
| Klau | Daniel | | 1411 | Cash | | | | 1 ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 15 Brighton Rd . | | West Hartford | | СТ | 06117 | 04 | 4/27/2010 | | - | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? attorney Pepe & Hazard LLP If yes, list Event # | | | | | | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | | | | | | | | \$100.00 | |
| Last Name Castroll | contribution: X Personal C / Order Credit/Deb | | Contribution 554 | n ID # | Amount of Contribution | | | | | |
| Residential Street Address 3080 N Course Dr . | | City Pompano Beach | | State FL | Zip Code 33069 | | ate Received 4/28/2010 | | | |
| Principal Occupation | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributi \$10 | ions 00.00 | \$100.00 | |
| Last Name Diamond | First Name Shirley | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 556 | n ID # | Amount of Contribution | |
| Residential Street Address 887 Farmington Ave . | | City West Hartford | | State CT | Zip Code 06119 | | ate Received 4/28/2010 | | | |
| Principal Occupation | | Name of Employer Retired | | L | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributi \$5 | ions 50.00 | \$50.00 | |
| Last Name Adams | First Name Michael | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 558 | n ID # | Amount of Contribution | |
| Residential Street Address 185 Ivy Dr . | - | City Bristol | - | State CT | Zip Code 06010 | | ate Received 4/28/2010 | | | |
| Principal Occupation CPA | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | s contributor a principal of a state contractor or prospective tate contractor? s yes, indicate which branch or branches of tate contractor? | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--------------------|--|---|--|---|--------------------------|---------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | |
| Last Name | First Name | | М | Mathad of | oontrikution | | | | | |
| | Gary | | MI | MI Method of contribution: Cash Personal Check 559 Money Order Credit/Debit Card | | | | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 6 High Ledge Rd | | Bloomfield | | СТ | 06002 | 04 | 4/28/2010 | | | |
| Principal Occupation President | | Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # 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: Executive Legislative Aggregate Contributions Legislative Aggregate Contributions Yes X No Aggregate Contributions \$100.0 | | | | | | | | | \$100.00 | |
| Last Name Haeflich | MI | Cash | contribution: X Personal C Order Credit/Deb | | Contribution 560 | n ID # | 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 | | <u></u> | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with: | r prospective | Executive | dependent | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$1 | ions 00.00 | \$100.00 | |
| | First Name Jack | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 561 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 31 Pheasant Hill Dr . | | West Hartford | | СТ | 06107 | 04 | 4/28/2010 | | | |
| Principal Occupation | | Name of Employer Retired | | - | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with: | r prospective | Executive | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$1 | ions 00.00 | \$100.00 | |
| Last Name Crockett | МІ | Cash | contribution: | heck | Contribution | n ID # | Amount of Contribution | | | |
| | | l | | Money | Order Credit/Deb | it Card | 555 | | | |
| Residential Street Address 31 Plainfield Rd . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 4/28/2010 | | | |
| Principal Occupation Sr. Exec. Assistant | | Name of Employer State of CT/ Treasury | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes No Is contributor a bobbyist, spouse, or Aggregate Contributions dependent child of a lobbyist? \$50.00 Is contract is with: Legislative Yes | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|---------------------|---|------------|-----------|---|--|--------|---------------------------|-------------|---------------------------|
| NAME OF COMMITTEE FILING DUE | | | | | | | | | | |
| Jonathan Harris 2010* | | | | | | | | (| Origina | ıl 07/12/2010 |
| | | B. Itemized C | ontributio | ons from | Individu | ials | | | | |
| Last Name Prendergast | First Name Karen | | | MI | Method of contribution: Cash X Personal Check 557 Money Order Credit/Debit Card | | | Contribution | ID # | Amount of Contribution |
| Residential Street Address 128 Nooks Hill Rd | | | | | | Zip Code 06416 | Da | ate Received 4/28/2010 | | |
| Principal Occupation Associate Examiner | е | 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: Executive Legislative Aggregate C | | | | | | | | | ons 5.00 | \$25.00 |
| Last Name Selig | First Name Scott | | | MI | Cash | contribution: X Personal 7 Order Credit/Do | | Contribution | ID # | Amount of Contribution |
| Residential Street Address 23 Still Ln | | City West Hartford | | | State CT | Zip Code 06117 | | nte Received 4/29/2010 | | |
| Principal Occupation Dir, Clinical Quality | | Name of Employer Community Health CT | Center As | soc. of | oc. of Is this contribution associated with a Section J1? Yes If yes, list Event # No | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legisl | X No | | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributio \$50 | ons 0.00 | \$50.00 |
| Last Name Mintzer | First Name Tori | | | MI | X Cash | contribution: Personal Order Credit/Do | | Contribution | ID # | Amount of Contribution |
| Residential Street Address 23 Still Ln | | City West Hartford | | | State CT | Zip Code 06117 | | ate Received 4/29/2010 | | |
| Principal Occupation | | Name of Employer student | | | - | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legisl | X No | dependent | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributio \$30 | ons 0.00 | \$30.00 |
| Last Name Marks | First Name Leta | | | MI | Cash | contribution: X Personal / Order Credit/Do | | Contribution | ID # | Amount of Contribution |
| Residential Street Address City 50 Ironwood Rd . West Hartford | | | | | State CT | Zip Code 06117 | 04 | ate Received 4/29/2010 | | |
| Principal Occupation | | Name of Employer Retired | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legisl | X No | | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributio \$50 | ons 0.00 | \$50.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|--|---|---|---|--------------------------|---------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contributio | ons from | Individu | als | | • | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | ID# | | |
| Cundall | Cheryl | | | Cash | v Order X Credit/Deb | | 564 | 110 " | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 9 Lexington Rd | | West Hartford | | СТ | 06119 | 04 | 4/29/2010 | | | |
| Principal Occupation Attorney/engineer | | Name of Employer Hamilton Sundstrand Corpora | tion | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Legislative K No K No | | | | | | | | | \$50.00 | |
| Last Name Smith | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 565 | n ID # | Amount of Contribution | | | |
| Residential Street Address 78 Pilgrim Rd | | City West Hartford | | State CT | Zip Code 06117 | Date Received 04/29/2010 | | | | |
| Principal Occupation physician | | Name of Employer Pediatric Ear, Nose & Throat Associates | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributio \$5 | ions 50.00 | \$50.00 | |
| Last Name Woodman | First Name Marlene | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 566 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 294 Rosewood Ave . | | New Haven | | СТ | 06513 Is this contribution associa | | 4/29/2010 | | | |
| Principal Occupation Ass't to the Pres | | Name of Employer Charter Oak State College | | | fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributio \$5 | ions 50.00 | \$50.00 | |
| Last Name Blauvelt, Jr. | First Name George | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 567 | n ID # | Amount of Contribution | |
| Residential Street Address 128 Indian Waters Dr . | | State CT | Zip Code 06840 | | ate Received 4/29/2010 | | | | | |
| Principal Occupation | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes No Is contributor a lobbyist, spouse, or state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions \$25.00 Is ves, indicate which branch or branches of government the contract is with: Executive Legislative Yes No | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|---|---------------------------------|-------------------------|-----------|---|---|---------|---------------------------|-----------------|---------------------------|--|
| NAME OF COMMITTEE FILING DUE DATE | | | | | | | | | | | |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemiz | zed Contributio | ons from | Individu | ials | | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | ID # | | |
| Waxman | Jessica | | | Cash | V Order Credit/De | 568 | on ID # | Amount of Contribution | | | |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | | |
| 55 Regency Cir . | | Trumbull | | | СТ | 06611 | 04 | 4/29/2010 |) | | |
| Principal Occupation | Is this contribution assoc fundraising event listed in If yes, list Event # | | 1? | Yes No | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | | | | | | | | tions .00.00 | \$100.00 | |
| Last Name First Name MI Grodd Robert | | | | | | contribution: X Personal (/ Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 5285 Steeplechase | | ^{City} Boca Ratan | | | F | | | ate Received 4/29/2010 |) | | |
| Principal Occupation | | Name of Employe Retired | er | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 | |
| Last Name Friedman | First Name Barbara | | | MI | Cash | contribution: X Personal (7 Order Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 157-50 12th Rd . | | ^{City} Whitestone | | | State NY | Zip Code 11357 | | ate Received 4/29/2010 |) | | |
| Principal Occupation | | Name of Employe Retired | er | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | Yes X No Legislative | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 | |
| Last Name Foa | First Name Conrad | | | MI | Cash | contribution: Personal 0 v Order X Credit/De | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 911 Park Ave | | City New York | | | State NY | Zip Code 10075 | | ate Received 4/29/2010 |) | | |
| Principal Occupation Insurance Broker | | Name of Employe Foa & Son Co | | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | 1? | Yes No | | |
| | | | | | | | | | | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|----------------------|-----------------------------|---------------|-----------|---|---|--------|---------------------------|---------------|---------------------------|
| NAME OF COMMITTEE FILING DUE D | | | | | | | | | | |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemize | d Contributio | ons from | Individu | ials | | | | |
| Last Name Neiditz | First Name Daniel | | | MI | Method of contribution: Contrib Cash X Personal Check 575 Money Order Credit/Debit Card | | | Contribution | n ID # | Amount of Contribution |
| Residential Street Address 23 Timrod Rd . | | | | | | | | ate Received 4/30/2010 | | |
| Principal Occupation Name of Employer Insurance M.J. Neiditz 7 Co. | | | | | | 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: Executive Legislative Legislative A No | | | | | | | | | ions 00.00 | \$100.00 |
| Last Name Schwartz | First Name Nancy | | | MI | Cash | contribution: V Order Credit/De | | Contribution 576 | n ID # | Amount of Contribution |
| Residential Street Address 80 Norwood Rd . | | City West Hartford | | | State CT | Zip Code 06117 | | ate Received 4/30/2010 | | |
| Principal Occupation | | Name of Employer Retired | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | es X No | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributi \$5 | ions 50.00 | \$50.00 |
| Last Name McCloy | First Name Edward | | | MI | Cash | contribution: V Order | | Contribution | n ID # | Amount of Contribution |
| Residential Street Address 87 Mountain Terrace Rd . | | City West Hartford | | | State CT | Zip Code 06107 | | ate Received 4/30/2010 | | |
| Principal Occupation | | Name of Employer Retired | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | es X No | dependent | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$2 | ions 25.00 | \$25.00 |
| Last Name Bailit | First Name Linda | | | MI | Cash | contribution: X Personal v Order Credit/De | | Contribution | n ID # | Amount of Contribution |
| Residential Street Address 83 Mountain Terrace Rd . | | City West Hartford | | | State CT | Zip Code 06107 | 04 | ate Received 4/30/2010 | | |
| Principal Occupation | | Name of Employer Retired | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | es X No | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$2 | ions 20.00 | \$20.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|-----------------------|-----------------------------|---------------------------------|-----------|---|--|-------|---------------------------|-----------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Ite | emized Contributio | ons from | ı Individu | ials | | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | m ID # | | |
| Prucker | Cash | V Order X Credit/Del | | 581 | ni 1D # | Amount of Contribution | | | | | |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | | |
| 4700 Connecticut Ave NW | | Washingt | on | | DC | 20008 | 04 | 4/30/2010 |) | | |
| Principal Occupation Name of Employer Is this contribution a fundraising event list Consultant Palmetto Group If yes, list Event # | | | | | | | | 1? | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution of a lobbyist? \$10 Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No No \$10 | | | | | | | | | tions .00.00 | \$100.00 | |
| Last Name First Name MI Olins Reesa I | | | | | | contribution: Personal C Order X Credit/Del | | Contributio 583 | on ID # | Amount of Contribution | |
| Residential Street Address 62 Brewster Rd | | ^{City} West Har | tford | | State CT | Zip Code 06117 | | ate Received 4/30/2010 |) | | |
| Principal Occupation Social Worker | | Name of En UConn S | nployer chool of Social Work | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob 'es X | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 | |
| Last Name Blechner | First Name Barbara | | | MI | Cash | contribution: X Personal C v Order Credit/Del | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 142 Westmont | | ^{City} West Har | tford | | State CT | Zip Code 06117 | | ate Received 4/30/2010 |) | | |
| Principal Occupation Attorney | | Name of En Retired | nployer | | • | Is this contribution associ fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob ⁄es X | byist? | Aggre | gate Contribu \$ | tions 50.00 | \$50.00 | |
| Last Name Fox | First Name Michael | _ | | MI | Cash | contribution: Personal C v Order X Credit/Del | | Contributio | on ID # | Amount of Contribution | |
| Residential Street Address 1901 Main St | | State CT | Zip Code 06111 | | ate Received 4/30/2010 |) | | | | | |
| Principal Occupation Retired | | Name of En Retired | nployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | | |
| | | | | | | | | | | \$50.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|-----------------------|------------------|-----------|---|--|---------------------|---------------------------|----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origin | al 07/12/2010 |
| | | B. Ite | mized Contributi | ons from | ı Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | on ID # | Amount of |
| Malin | Carolyn | | | | Cash Money | y Order Credit/De | | 580 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 11 Mountain Ter | | West Hart | ford | | СТ | 06107 | 0 | 4/30/2010 |) | |
| Principal Occupation Dentist | Self | | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Is executive Legislative Aggregate Is executive Legislative Is executive Is the state of | | | | | | | gate Contribu \$ | tions 50.00 | \$50.00 | |
| Last Name Hennessy | First Name Matthew | | | MI | Cash | contribution: X Personal G y Order Credit/De | | Contributio | m ID # | Amount of Contribution |
| Residential Street Address | - | City | | | State | Zip Code | | ate Received | | |
| 161 Tremont St | | Hartford | | | СТ | 06105 | | 5/01/2010 |) | |
| Principal Occupation Name of Employer Tremont Public Advisors | | | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyis child of a lob 'es | byist? | Aggre | gate Contribu \$1 | tions 00.00 | \$100.00 |
| Last Name | First Name | | | MI | | contribution: | ~1 1 | Contributio | on ID # | Amount of |
| Nassau | Reba | | | | Cash Money | y Order Credit/De | | 596 | | Contribution |
| Residential Street Address 5 Grey Fox Trl | | City Avon | | | State CT | Zip Code 06001 | | ate Received 5/01/2010 |) | |
| Principal Occupation | | Name of Em retired | ployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 11? – | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob 'es X | byist? | Aggre | gate Contribu \$1 | tions 00.00 | \$100.00 |
| Last Name | First Name | | | МІ | Method of | contribution: | - | Contributio | n ID # | Amount of |
| SELINGER | JEAN | | | | Cash Money | y Order X Credit/De | | 584 | | Contribution |
| Residential Street Address | - | City | | | State | Zip Code | | ate Received | | |
| 34 King Edward | | West Hart | ford | | СТ | 06118 | | 5/01/2010 |) | |
| Principal Occupation housewife | | Name of Em self | ployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of | or prospective | | Yes X No | dependent | utor a lobbyis child of a lob 'es X | byist? | Aggre | gate Contribu \$ | tions 36.00 | \$36.00 |
| government the contract is with: | | Executive | Legislative | Y | es 🔼 | INO | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------------------|------------------------|---|---|------------------|-------------------------|---------------------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | Origina | al 07/12/2010 | | |
| | B. Itemized Contribution | ons from | Individu | als | | | | | | |
| Last Name First Name | | MI | Method of | contribution: | | Contribution | ID # | | | |
| Cohan Faith | | | Cash | V Order Credit/Deb | | 585 | 1D # | Amount of Contribution | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | |
| 16 Hilldale Rd . | West Hartford | | СТ | 06117 | | | | | | |
| Principal Occupation | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Aggreg | gate Contributio \$ | ^{ons} 57.00 | \$7.00 | | | | | | |
| Last Name First Name Stevenson Isabel | MI | Cash | contribution: X Personal C Order Credit/Deb | | Contribution 586 | ID # | Amount of Contribution | | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | |
| 76 Mountain Terrace Rd . | West Hartford | | СТ | 06107 | | 5/01/2010 | | | | |
| Principal Occupation | Name of Employer not employed | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive | dependent | itor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$1 | ons .5.00 | \$15.00 | | |
| Last Name First Name Mahler Seth | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 587 | ID # | Amount of Contribution | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | |
| 56 Parsons Dr . | West Hartford | | СТ | 06117 | 05 | 5/01/2010 | | | | |
| Principal Occupation Insurance | Name of Employer Travelers | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive | | ttor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$2 | ons 20.00 | \$20.00 | | |
| Last Name First Name | | MI | | contribution: | | Contribution | ID # | Amount of | | |
| Harris Philip | | | Cash Money | V Order Credit/Deb | | 588 | | Contribution | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | |
| 865 W End Ave | New York | | NY | 10025 | | 5/01/2010 | | | | |
| Principal Occupation Writer/consultant | Name of Employer Self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legis | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|----------------------------------|-------------|---|---|-----------|--------------------------|-------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | I | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | (| Origina | ıl 07/12/2010 | | |
| | B. Itemized Contribution | ons from | Individu | ials | | | | | | |
| Last Name First Name | | MI | Method of | contribution: | | | ID // | | | |
| Gittleman Arthur | | ivii | Cash | V Personal C | | Contribution 1 589 | ID # | Amount of Contribution | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | |
| 17 Seminole Cir . | West Hartford | | СТ | 06117 | 0 | 5/01/2010 | | | | |
| Principal Occupation | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | gate Contributio \$! | ons 5.00 | \$5.00 | | | | | | | |
| Last Name First Name Luisa | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 1 590 | ID # | Amount of Contribution | | |
| Residential Street Address | City | F · · · · | | | | ate Received | | | | |
| 61 Northbrook Dr . | West Hartford | | СТ | 06117 | | 5/01/2010 | | | | |
| Principal Occupation | Name of Employer Not employed | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive | dependent | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contributio \$2! | ons 5.00 | \$25.00 | | |
| Last Name First Name LaCroix Michelle | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 1 | ID # | Amount of Contribution | | |
| Residential Street Address | City | | State | Zip Code | Da | ate Received | | | | |
| 47 Mountain Terrace Rd . | West Hartford | | СТ | 06107 | 0 | 5/01/2010 | | | | |
| Principal Occupation | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contributio \$20 | ons 0.00 | \$20.00 | | |
| Last Name First Name | | MI | Method of | contribution: | | Contribution | ID # | Amount of | | |
| Nemirow David | | | Cash Money | V Order Credit/Deb | | 592 | | Contribution | | |
| Residential Street Address | City West Hartford | | State | Zip Code | | ate Received | | | | |
| 14 King Edward Rd . | | СТ | 06117 | | 5/01/2010 | | | | | |
| Principal Occupation | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legisla | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------|--|-----------|---|---|-----------|---------------------------|---------------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | |
| Last Name | First Name | | МІ | Method of | contribution: | | Gantaibutian | ID # | | |
| Altheim | Philip | | | Cash | V Order Credit/Deb | | Contribution 593 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 270 Pond Xing | | Lawrence | | | | 5/01/2010 | | ł | | |
| Principal Occupation Executive | | Name of Employer Five Star Electric | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes No Executive Legislative | dependent | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No | | | | ons)0.00 | \$100.00 | |
| Last Name Macey | First Name Amy | | МІ | Method of contribution: Cash X Personal Check Money Order Credit/Debit Card | | | ID # | Amount of Contribution | | |
| Residential Street Address | | City | | F · · · · · | | | ate Received | | | |
| 27 Rimmon Rd . | | West Hartford | | СТ | 06525 | | 5/01/2010 | | , | |
| Principal Occupation Teacher | | Name of Employer Hopkins School | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob 'es | byist? | Aggreg | gate Contributio \$10 | ons 00.00 | \$100.00 | |
| Last Name Messinger | First Name Steven | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 597 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 9 Croydon Dr | | West Hartford | | СТ | 06117 | 05 | 5/01/2010 | | ł | |
| Principal Occupation Driver | | Name of Employer Baronet Coffee | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob 'es | byist? | Aggreg | gate Contributio \$2 | ons 20.00 | \$20.00 | |
| Last Name Hoberman | First Name Ed | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 598 | ID # | Amount of Contribution | |
| Residential Street Address 4 Stratford Rd . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 5/01/2010 | | | |
| Principal Occupation Real Estate | | Name of Employer Landmark Interests | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|---|------------------------------|---------------------|-----------|--|--|---------|----------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FIL | ING DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Ori | iginal 07/12/2010 | |
| | | B. Ite | mized Contributi | ons from | ı Individu | ials | | | | |
| Last Name Flannery | First Name John | | | MI | Cash | contribution: Personal Q Order X Credit/De | Check | Contribution ID # | [#] Amount of Contribution | |
| Residential Street Address 275 Steele Rd . | | ^{City} West Hart | ford | | State CT | Zip Code 06117 | | e Received /02/2010 | | |
| Principal Occupation Retired | None | | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | Yes | | |
| state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Image: Contract or branches of the contract or branches or bran | | | | | | | Aggrega | te Contributions \$50.0 | 0 \$50.00 | |
| Last Name Huleatt | First Name Susan | | | MI | Cash | contribution: X Personal (/ Order Credit/De | Check | Contribution ID # | # Amount of Contribution | |
| Residential Street Address City 107 Maple Ave . Windsor | | | | | r · · · · · | | | e Received /03/2010 | | |
| Principal Occupation Name of Employer First Chirch in Windsor | | | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | Yes | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob Yes X | byist? | Aggrega | te Contributions \$25.0 | 90 \$25.00 | |
| Last Name Stahl | First Name Barbara | | | MI | Cash | contribution: V Order | Check | Contribution ID # | # Amount of Contribution | |
| Residential Street Address 1105 Samoset Rd . | | ^{City} Eastham | | | State MA | Zip Code 02642 | | e Received /03/2010 | | |
| Principal Occupation | | Name of Em Retired | ployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | Yes | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggrega | te Contributions \$25.0 | 00 \$25.00 | |
| Last Name Daly | First Name Michael | | | MI | Cash | contribution: X Personal (v Order Credit/De | Check | Contribution ID # | [#] Amount of Contribution | |
| Residential Street Address 2 Boxwood Rd . | | City Farmingto | | | State CT | Zip Code 06032 | 05/ | e Received /03/2010 | _ | |
| Principal Occupation Attorney | | Name of Em Furey, Do | onavan, Tracy & Dal | y | | Is this contribution associ fundraising event listed in If yes, list Event # | | yes Yes | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Exception Is contributor a lobbyist, spectrum Is contributor a lobbyist spectrum Is contributor a lobbyist, spectrum Is contributor a lobbyist spectrum Is contributed a lobbyist spectrum Is contributed a lobbyist spectrum Is contributed a lobbyist spectru | | | | | | | | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|--------------------------|---|---------------------|--|---|---------------------------|---------------------------|---------------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | |
| | E' AN | | 1.0 | 24.4.1.6 | | | I | | | |
| Last Name Mass | First Name Dr. Calvin | 1 | MI | Cash | contribution: X Personal C Order Credit/Deb | | Contribution 600 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 275 Steele Rd . | | West Hartford | | СТ | 06117 | 0 | 5/03/2010 | | - | |
| Principal Occupation dentist | | Name of Employer Retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of eovernment the contract is with: Legislative Is contributor a lobbyist? Security Legislative Is contributor a lobbyist? Security | | | | | | | | ions 10.00 | \$10.00 | |
| Last Name Brosnan | First Name suzanne | 1 | Cash Personal Check | | | Contribution 655 | n ID # | Amount of Contribution | | |
| Residential Street Address 23 Meadow Farms Rd | | City West Hartford | F | | | ate Received 5/03/2010 | | | | |
| Principal Occupation teacher | | Name of Employer Windsor Bd of Ed | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes No Executive Legislative | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contributi \$1(| ions 00.00 | \$100.00 | |
| Last Name Hindin | First Name Allen | | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 657 | n ID # | Amount of Contribution | |
| Residential Street Address 256 Great Plain Rd | | City Danbury | | State CT | Zip Code 06811 | | ate Received 5/03/2010 | | | |
| Principal Occupation Dentist | | Name of Employer Allen H. Hindin, DDS, MPH | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob res | byist? | Aggre | gate Contributi \$! | ions 50.00 | \$50.00 | |
| Last Name Klonoski | First Name Ed | | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 656 | n ID # | Amount of Contribution | |
| Residential Street Address 136 Colonial Rd | | City Plainfield | | State CT | Zip Code 06374 | | ate Received 5/03/2010 | | | |
| Principal Occupation College President | | Name of Employer State of Connecticut | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|---------------------|--|-------------|--|---|---------|------------------------------|-----------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | FIL | LING DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | Ori | iginal 07/12/2010 | | |
| | | B. Itemized Contri | butions fro | om Individu | ials | | | | | |
| Last Name | First Name | | МІ | Method of | contribution: | | | | | |
| Newman | Julius | | WI | Cash | y Order Credit/Det | heck | Contribution ID # | # Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Date | e Received | | | |
| 104 Hilldale Rd . | | West Hartford | | СТ | 06117 | 05/ | /03/2010 | | | |
| Principal Occupation | | Name of Employer Retired | | | Is this contribution association fundraising event listed in If yes, list Event # | | ? Yes | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | Aggrega | ate Contributions \$25.0 | 00 \$25.00 | | | | | | | |
| Last Name rosenberg | First Name barry | 1 | MI | Cosh Personal Check | | | Contribution ID # | # Amount of Contribution | | |
| Residential Street Address 10 Norwood Rd | | City West Hartford | | F | | | te Received /03/2010 | | | |
| Principal Occupation orthodontist | | Name of Employer rosenberg orthodontics | | · | Is this contribution association fundraising event listed in If yes, list Event # | | ? Yes | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | tributor a lobbyis lent child of a lob Yes X | byist? | Aggrega | ate Contributions \$100.0 | 00 \$100.00 | | |
| Last Name Weinstein | First Name Gayle | | МІ | Cash | contribution: Personal C y Order X Credit/Det | heck | Contribution ID # 659 | # Amount of Contribution | | |
| Residential Street Address 8 Hills End Ln | | City Weston | | State CT | Zip Code 06883 | | te Received /04/2010 | | | |
| Principal Occupation First Selectman | | Name of Employer Town of Weston, CT | | | Is this contribution associa fundraising event listed in If yes, list Event # | | ? Yes | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | tributor a lobbyis lent child of a lob Yes X | byist? | Aggrega | ate Contributions \$100.0 | 00 \$100.00 | | |
| Last Name Presutti | First Name Carol | | МІ | Cash | contribution: Personal C y Order X Credit/Det | heck | Contribution ID # 660 | # Amount of Contribution | | |
| Residential Street Address 16 White Oak Rd | | ^{City} Farmington | | State CT | Zip Code 06032 | | te Received /04/2010 | | | |
| Principal Occupation Real Estate Broker | | Name of Employer Prudential CT Realty | | . | Is this contribution associa fundraising event listed in If yes, list Event # | | res | | | |
| | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|----------------------------------|-----------------------------|---|-----------|---|---|--------------------------|---------------------------|-----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Ite | mized Contributi | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Mathad of | contribution: | | | | |
| Lazowski | Ruth | | | MI | Cash | V Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 34 Timberwood Rd . | 34 Timberwood Rd . West Hartford | | | | | | | 5/04/2010 |) | |
| Principal Occupation | retired | | | | | | iated with a n Section J | | Yes No | |
| Is contributor a principal of a state contractor or prospective $Yes \times No$ Is contributor a lobbyist, spouse, or dependent child of a lobbyist? System contractor? Is yes, indicate which branch or branches of Executive Legislative Ves XNo State Contributions $Yes \times No$ | | | | | | | | | \$100.00 | |
| Last Name Scahtzki | First Name George | | | MI | Cash | contribution: X Personal 0 / Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 9624 Grandview Ter | | ^{City} Tempe | | | State AZ | Zip Code 85284 | | ate Received 5/04/2010 |) | |
| Principal Occupation Professor | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 |
| Last Name Ferro | First Name Valarie | | | MI | Cash | contribution: X Personal 0 7 Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 88 Daventy HI | | City Avon | | | State CT | Zip Code 06001 | | ate Received 5/04/2010 |) | |
| Principal Occupation consultant | | Name of Em Weston S | ployer Solutions, Inc. | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | 112 L | Yes No | |
| Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribu \$ | tions 50.00 | \$50.00 |
| Last Name Press | First Name Martha | | | MI | Cash | contribution: X Personal 0 7 Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 21 Gault Park | | ^{City} Westport | | | State CT | Zip Code 06880 | | ate Received 5/04/2010 |) | |
| Principal Occupation Curriculum Coordinator | | Name of Em Stratford | ^{ployer} Public Schools | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|-----------------------|---|-------------|---|---|---------------------------|---------------------------|--------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | |] | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | |
| Last Name | First Name | | MI | Mathod of | contribution: | | | D # | | |
| Wimbish | Lloyd | | 1911 | Cash | V Order Credit/Deb | | Contribution 606 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 177 Four Mile Rd . | | West Hartford | | СТ | 06107 | 05 | 5/04/2010 | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| government the contract is with: | | | | | | | | ons 60.00 | \$50.00 | |
| Last Name Chase | First Name Cheryl | | MI | Cash | contribution: X Personal C Order Credit/Deb | | Contribution 607 | ID # | Amount of Contribution | |
| Residential Street Address 84 High Ridge Rd . | | City West Hartford | | | | ate Received 5/04/2010 | | | | |
| Principal Occupation Attorney | | Name of Employer Chase Enterprises | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with: | r prospective | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributic \$10 | ons 0.00 | \$100.00 | |
| Last Name Title | First Name Samuel | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 608 | ID # | Amount of Contribution | |
| Residential Street Address 48 Henley Way | | City West Hartford | - | State CT | Zip Code 06117 | | ate Received 5/04/2010 | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with: | r prospective | Yes X No | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$2 | ons 5.00 | \$25.00 | |
| Last Name Spillane | First Name Robert | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 609 | ID # | Amount of Contribution | |
| Residential Street Address 18 Bainbridge Rd . | City West Hartford | | State CT | Zip Code 06119 | | ate Received 5/04/2010 | | | | |
| Principal Occupation M.D, | | Name of Employer Jefferson Radiology | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--------------------------------|--|-----------|---|---|-------|---------------------------|----------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILINC | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | |
| | T ¹ X | | 1 | 1 | | | 1 | | | |
| Last Name Kelly | First Name William | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | D | ate Received | | | |
| 11 Vardon Rd . | | West Hartford | | СТ | 06117 | 0 | 5/04/2010 |) | | |
| Principal Occupation Attorney | | Name of Employer The Hartford | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective $\ \ Yes \ X \ No$ Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Yes $\ X \ No$ | | | | | | | | | \$100.00 | |
| Last Name Kaufmann | First Name Elaine | 1 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 47 Brainard Rd . | | West Hartford | | СТ | 06117 | | 5/05/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1 If yes, list Event # | | | | | | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$ | tions 25.00 | \$25.00 | |
| Last Name Tulchinsky | First Name Amir | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | D | ate Received | | | |
| 28 Buckingham Ln | | West Hartford | | СТ | 06117 | 0 | 5/05/2010 |) | | |
| Principal Occupation Physician | | Name of Employer Hartford Anesthesia Assoc. | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$1 | tions 00.00 | \$100.00 | |
| Last Name Zachs | First Name Henry | | MI | X Cash | contribution: Personal C v Order Credit/Deb | | Contribution | n ID # | Amount of Contribution | |
| Residential Street Address 337 Old Mountain Rd . | | City Farmington | 1 | State CT | Zip Code 06032 | D | ate Received 5/05/2010 |) | | |
| Principal Occupation Owner | | Name of Employer Message Center Mgt. Inc | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 1? | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes No | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|---|--|--|---|---|--|---------------|---------------------------|---------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized Contril | oution | s from | Individu | ials | | | | |
| Last Name | First Name | | Ν | ЛI | Method of c | contribution: | | Contribution | n ID # | Amount of |
| Morgan | Sandra | | | | Cash Money | V Order Credit/De | | 614 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 177 Westland St . | | West Hartford | | | СТ | 06107 | 0 | 5/05/2010 | | |
| Principal Occupation professor | University of Hartford | | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | tor a lobbyist, spouse, or child of a lobbyist? es X No | | | - | ions 50.00 | \$50.00 | | | | |
| Last Name Mazon | First Name Ernestine | | N | ЛI | Cash | contribution: V Order | | Contribution 615 | n ID # | Amount of Contribution |
| Residential Street Address City 13 Cheryl Dr Farmington | | | | | State CT | Zip Code 06032 | | ate Received 5/05/2010 | | |
| Principal Occupation Name of Employer Senior Agency Advisor U.S. Government- Social Security Adm | | | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No | | | | - | ions 25.00 | \$25.00 |
| Last Name Frankel | First Name David | | N | ЛI | Cash | contribution: X Personal v Order Credit/Do | | Contribution 616 | n ID # | Amount of Contribution |
| Residential Street Address 74 Oliphant Ave | | ^{City} Dobbs Ferry | | | State NY | Zip Code 10522 | | ate Received 5/05/2010 | | |
| Principal Occupation attorney | | Name of Employer Kramer, Levin, Naftaus 8 | Franko | el, LLP | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | | ttor a lobbyist child of a lobl es X | byist? | Aggre | gate Contribut \$1 | ions 00.00 | \$100.00 |
| Last Name Moore | First Name Winifred | | N | ЛI | Cash | contribution: V Order Credit/Do | | Contribution | n ID # | Amount of Contribution |
| Residential Street Address 26 Sunset Ter . | | City West Hartford | I | | State CT | Zip Code 06117 | D. 0 | ate Received 5/06/2010 | | |
| Principal Occupation Name of Employer | | | | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | ttor a lobbyist child of a lobl es X | byist? | Aggre | gate Contribut \$ | ions 25.00 | \$25.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--|-------------------------------|-------------------|----------------|--|--|-------|----------------------------|----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origin | al 07/12/2010 |
| | | B. Ite | emized Contributi | ons from | ı Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | n ID # | Amount of |
| Kuhn | Mary Jane | 2 | | | Cash Money | y Order | | 619 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 57 Timberwood Rd . | | West Hart | ford | | СТ | 06117 | 0 | 5/06/2010 |) | |
| Principal Occupation | | Name of Em retired | ployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | i, spouse, or Aggregate Contribution byist? \$3 No | | | tions 35.00 | \$35.00 | | | | | |
| Last Name Topol | First Name Carolyn | | | MI | Cash | contribution: X Personal G y Order Credit/De | | Contributio | n ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 36 Lyman Rd . | | СТ | 06117 | 0 | 5/06/2010 |) | | | | |
| Principal Occupation Name of Employer Executive Assistant Emanuel Synagogue | | | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyist child of a lob 'es X | byist? | Aggre | gate Contribut \$1 | tions 00.00 | \$100.00 |
| Last Name Albert | First Name Leonard | | | MI | Cash | contribution: x Personal Q y Order Credit/De | | Contributio 617 | n ID # | Amount of Contribution |
| Residential Street Address 12 Cary Ln | | ^{City} Bloomfield | d | | State CT | Zip Code 06002 | D | Late Received 5/06/2010 |) | |
| Principal Occupation | | Name of Em retired | ployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | 1? | Yes No | * |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob Yes X | byist? | Aggre | gate Contribut \$1 | tions 00.00 | \$100.00 |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | n ID # | Amount of |
| Rosenzweig | Michael | | | | Cash Money | y Order Credit/De | | 620 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 60 Cassandra Blvd . | | West Hart | ford | | СТ | 06107 | | 5/06/2010 | • | |
| Principal Occupation | | Name of Em retired | ployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| state contractor? Is yes, indicate which branch or branches of | Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or Aggregate Contributions state contractor? | | | | | | | | | \$100.00 |
| government the contract is with: | | | | | | | 1 | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------------------------|---|-----------|-----------------|---|--------------------|---------------------------|--------------|---------------------------|
| NAME OF COMMITTEE | | | | | | |] | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | (| Origina | al 07/12/2010 |
| | | B. Itemized Contrib | utions fr | om Indivi | duals | | | | |
| Last Name F | First Name | | MI | Method | of contribution: | | Gentribution | ID.# | |
| | Frank Pete | er | | Ca | sh 🗴 Personal | Check ebit Card | Contribution 622 | ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | |
| 20 Loeffler Rd . | | Bloomfield | | СТ | 06002 | 0 | 5/06/2010 | | ļ |
| Principal Occupation | | 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 p state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Yes X No | | dent child of a | yist, spouse, or lobbyist? X No | Aggre | gate Contributio \$10 | ons 10.00 | \$100.00 |
| | First Name Mary Fran | | MI | Ca | | Check ebit Card | Contribution | ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | |
| 20 Loeffler Rd . | | Bloomfield | | СТ | 06002 | | 5/06/2010 | | , |
| Principal Occupation | | Name of Employer retired | | | Is this contribution asso fundraising event listed If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor or p state contractor? Is yes, indicate which branch or branches of government the contract is with: | prospective | Executive | | dent child of a | vist, spouse, or lobbyist? X No | Aggre | gate Contributio \$10 | ons 00.00 | \$100.00 |
| | First Name Meg | | MI | Ca | | Check ebit Card | Contribution 635 | ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | |
| 10 Sunset Ter | | West Hartford | | СТ | 06107 | 0 | 5/07/2010 | | |
| Principal Occupation | | Name of Employer | | | Is this contribution asso fundraising event listed If yes, list Event # <u>O</u> | | | | |
| Is contributor a principal of a state contractor or p state contractor? Is yes, indicate which branch or branches of government the contract is with: | prospective | Executive | | dent child of a | yist, spouse, or lobbyist? X No | Aggreg | gate Contributio \$5 | ons 50.00 | \$50.00 |
| Last Name F | First Name | | MI | Method | of contribution: | | Contribution | ID # | Amount of |
| Macca M | Marcia | | | | _ | Check ebit Card | 647 | | Contribution |
| Residential Street Address | | City West Hartford | | State | Zip Code | | ate Received 5/07/2010 | | |
| 250 King Philip Dr . | | West Hartford | | СТ | 06117 | | | | |
| Principal Occupation Business Analyst | | Name of Employer Aetna | | | Is this contribution assoc fundraising event listed If yes, list Event # <u>O</u> | | | | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions | | | | | | | | \$50.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|------------------------|------------------------------|-------------------|-----------|---|---|-------------|----------------------|-------------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origin | al 07/12/2010 |
| | | B. Ite | mized Contributio | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | ID # | |
| Levin | Linda | | | | Cash | V Order Credit/De | | 648 | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 3 Quail Holw | | West Hart | ford | | СТ | 06117 | | 5/07/2010 | 0 | |
| Principal Occupation | | Name of Em not emplo | | - | | Is this contribution associ fundraising event listed in If yes, list Event # 05 | n Section J | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggre | gate Contribu \$1 | utions | \$100.00 |
| Last Name Rutenberg | First Name Gideon | 1 | | MI | Cash | contribution: X Personal (/ Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 1 Pheasant Ln | | Bloomfield | 1 | | СТ | 06002 | | 5/07/2010 | 0 | |
| Principal Occupation | | Name of Em | ployer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribu \$1 | itions | \$100.00 |
| Last Name Kratzer | First Name Lynn | | | MI | Cash | contribution: X Personal (v Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | Da | ate Received | | |
| 53 Wardwell Rd . | | West Hart | ford | | СТ | 06107 | 0 | 5/07/2010 | 0 | |
| Principal Occupation | | Name of Em Wheeler (| | | | Is this contribution associ fundraising event listed in If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribu \$ | itions \$25.00 | \$25.00 |
| Last Name Orkin | First Name Mitchell | | | MI | Cash | contribution: V Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 21 Fairlee Rd . | | ^{City} West Hart | ford | • | State CT | Zip Code 06107 | | ate Received | | |
| Principal Occupation teacher | | Name of Em SWBOE | ployer | | | Is this contribution assoc fundraising event listed in If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyist child of a lob res | byist? | Aggre | gate Contribu \$ | utions \$20.00 | \$20.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-------------------------|-----------------------|-------------------|-----------|--|---|--------|---------------------------|-----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. It | emized Contributi | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | 1 | contribution: | | | | |
| Orkin | Michele | | | MI | Cash | V Order Credit/Det | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | Da | ate Received | | |
| 21 Fairlee Rd . | | West Har | tford | | СТ | 06107 | 0 | 5/07/2010 |) | |
| Principal Occupation Development Director | | Name of Er CCA | nployer | | | Is this contribution association fundraising event listed in If yes, list Event # 050 | | | Yes No | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribu \$ | tions 20.00 | \$20.00 |
| Last Name Jamin | First Name Alison | 1 | | MI | Cash | contribution: X Personal C / Order Credit/Det | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 12 Fairlee Rd . | | City West Har | tford | | State CT | Zip Code 06107 | | ate Received 5/07/2010 |) | |
| Principal Occupation School Counselor | | Name of Er CREC | nployer | | | Is this contribution association fundraising event listed in If yes, list Event # 050 | | | Yes No | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggres | gate Contribu \$ | tions 25.00 | \$25.00 |
| Last Name Foley | First Name Bernedett | e | | MI | Cash | contribution: X Personal C / Order Credit/Det | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 54 Westland Ave . | - | City West Har | tford | - | State CT | Zip Code 06107 | | ate Received 5/07/2010 |) | |
| Principal Occupation | | Name of Er | nployer | | <u> </u> | Is this contribution associated fundraising event listed in If yes, list Event # 050 | | | Yes No | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribu \$ | tions 525.00 | \$25.00 |
| Last Name Waldron | First Name Phyllis | | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 54 Crestwood Rd . | | City West Har | tford | | State CT | Zip Code 06107 | | ate Received |) | |
| Principal Occupation | | Name of Er Not emp | | | | Is this contribution association fundraising event listed in If yes, list Event # 050 | | | Yes No | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Executive | Yes X No | | utor a lobbyist child of a lob res | byist? | Aggrey | gate Contribu \$1 | tions .00.00 | \$100.00 |

| | | I. MO | NETARY RE | CEIPTS | 6 (Section | n A-I) | | | | |
|---|--------------------------|--------------------------------|-----------------|-----------|--|---|--------|--------------------------|-----------------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | F | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | C | Drigina | 1 07/12/2010 |
| | | B. Item | ized Contributi | ons from | Individu | ials | | . | | |
| Last Name Goldbeck | First Name Roger | | | MI | X Cash | contribution: Personal G Order Credit/De | | Contribution II | D # | Amount of Contribution |
| Residential Street Address 54 Crestwood Rd . | | ^{City} West Hartfo | rd | | State CT | Zip Code 06107 | | te Received 5/07/2010 | | |
| Principal Occupation Director | | Name of Emplo | oyer | | - | Is this contribution associ fundraising event listed in If yes, list Event # 05 | | | res No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | Yes X No | | utor a lobbyist child of a lob res | byist? | Aggreg | ate Contributior \$50 | ^{ns}).00 | \$50.00 |
| Last Name Cobb | First Name Patricia | | | MI | Cash | contribution: X Personal (/ Order Credit/De | | Contribution II | D # | Amount of Contribution |
| Residential Street Address 1 Gold St | | ^{City} Hartford | | | State CT | Zip Code 06103 | | te Received | | |
| Principal Occupation | | Name of Emplo | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | I I I | í es No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | Yes X No | | utor a lobbyist child of a lob res X | byist? | Aggreg | ate Contributior \$50 | ^{ns}).00 | \$50.00 |
| Last Name Cobb | First Name Dr. Richar | ď | | MI | Cash | contribution: X Personal G / Order Credit/De | | Contribution II | D # | Amount of Contribution |
| Residential Street Address 1 Gold St . | | ^{City} Hartford | | | State CT | Zip Code 06103 | | te Received 5/07/2010 | | |
| Principal Occupation M.D. | | Name of Emplo | oyer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | I I I | res No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | Yes X No | dependent | utor a lobbyist child of a lob es X | byist? | Aggreg | ate Contributior \$50 | ^{ns}).00 | \$50.00 |
| Last Name Livermore | First Name Mary | | | MI | Cash | contribution: X Personal G v Order Credit/De | | Contribution II | D# | Amount of Contribution |
| Residential Street Address 2 Short Rd . | | ^{City} West Hartfo | rd | | State CT | Zip Code 06107 | | te Received 5/07/2010 | | |
| Principal Occupation | | Name of Emplo | oyer | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | res No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | Yes X No | | utor a lobbyist child of a lob res | byist? | Aggreg | ate Contributior \$25 | ^{ns} 5.00 | \$25.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-----------------------------|----------------------------------|--|--|---------|--------------------------|-----------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | F | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | C | Origina | 1 07/12/2010 | |
| | B. Itemized Contribution | ons from Inc | lividuals | | | | | | |
| Leet Menne | | | | | 1 | | | | |
| Last Name First Name Uasserman Leonard | | MI Me | thod of contribut Cash Money Order | X Personal Ch | leck | Contribution II | ID # | Amount of Contribution | |
| Residential Street Address | City | Sta | te Zip Co | ode | Date | e Received | | | |
| 30 Brownleigh Rd . | West Hartford | CT | 0611 | 7 | 05/ | /07/2010 | | | |
| Principal Occupation | Name of Employer retired | | fundra | contribution associat ising event listed in S list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive Legislative | Is contributor a dependent child | lobbyist, spouse, of a lobbyist? | or | Aggrega | te Contributior \$25 | ^{ns} 5.00 | \$25.00 | |
| Last Name First Name Cormier Nessie | | MI Me | thod of contribut Cash Money Order | ion: X Personal Ch Credit/Debi | leck | Contribution II | ID # | Amount of Contribution | |
| Residential Street Address | City | Sta | te Zip Co | ode | | e Received | | | |
| 23 Iroquois Rd . | West Hartford | CT | 0611 | 7 | 05/ | /07/2010 | | | |
| Principal Occupation | Name of Employer retired | | fundra | contribution associat ising event listed in S list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive Legislative | Is contributor a dependent child | lobbyist, spouse, of a lobbyist? | or | Aggrega | te Contributior \$10 | ^{ns} 0.00 | \$10.00 | |
| Last Name First Name Gordon Mark | | MI Me | thod of contribut Cash Money Order | ion: X Personal Ch Credit/Debi | leck | Contribution II | ID # | Amount of Contribution | |
| Residential Street Address | City | Sta | te Zip Co | ode | Date | e Received | | | |
| 110 Kirkwood Rd . | West Hartford | CT | 0611 | 7 | 05/ | /07/2010 | | | |
| Principal Occupation Manager | Name of Employer WFSB | | fundra | contribution associat ising event listed in S list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive Legislative | Is contributor a dependent child | lobbyist, spouse, of a lobbyist? | or | Aggrega | te Contributior \$100 | | \$100.00 | |
| Last Name First Name | | MI Me | thod of contribut | | | Contribution I | ID# | Amount of | |
| Eagan F. Owen | | | Cash Money Order | X Personal Ch Credit/Debit | | 633 | | Contribution | |
| Residential Street Address | City | Sta | · · | | | e Received | | | |
| 39 Lakeview Dr . | West Hartford | CT | | | | /07/2010 | | | |
| Principal Occupation mediator | Name of Employer self | | fundra | contribution associat ising event listed in S list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|---|---------------------------------|------------|--|---|-----------|---------------------------|-----------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | F | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | 0 | Drigina | ıl 07/12/2010 | |
| | | B. Itemized Contribu | tions fron | n Individu | ıals | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution II | D# | Amount of | |
| Nicholas | Elizabeth | | | Cash Money | y Order | | 634 | | Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 25 Pochahantas Dr . | | West Hartford | | СТ | 06117 | 05 | 5/07/2010 | | | |
| Principal Occupation | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 05072010B No | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependen | outor a lobbyis t child of a lob Yes | byist? | Aggreg | gate Contribution \$5 | ^{ns} 5.00 | \$5.00 | |
| Last Name O'Meara | First Name Robert | | MI | X Cash | contribution: Personal C y Order Credit/Det | | Contribution II 636 | D # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 16 Eastview St . | | West Hartford | | СТ | 06107 | | 5/07/2010 | | | |
| Principal Occupation Realtor | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # 050 | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependen | outor a lobbyis t child of a lob Yes X | byist? | Aggres | gate Contribution \$25 | | \$25.00 | |
| Last Name Daly, III | First Name John | | MI | X Cash | contribution: Personal C y Order Credit/Det | | Contribution II 638 | D # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 10E Starkel Rd . | | West Hartford | | СТ | 06107 | 05 | 5/07/2010 | | | |
| Principal Occupation Attorney | | Name of Employer self | | | Is this contribution association fundraising event listed in If yes, list Event # 050 | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | dependen | outor a lobbyis t child of a lob Yes | byist? | Aggreg | gate Contribution \$10 | | \$10.00 | |
| Last Name Mendal | First Name Dodie | | МІ | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution II 639 | D# | Amount of Contribution | |
| Residential Street Address 187 S Main St | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/07/2010 | | | |
| Principal Occupation Business Consultant | | Name of Employer Vertex Inc. | | | Is this contribution associa fundraising event listed in If yes, list Event # 050 | Section J | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | \$25.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|-------------------------|--|-----------|---|---|------------|--------------------------|-----------------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | F | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | С | Drigina | 1 07/12/2010 | |
| | | B. Itemized Contributio | ons from | Individu | als | | F | | | |
| | F' () | | 1 | 1 | | | | I | | |
| Last Name Kelly | First Name Mary | | MI | Cash | contribution: X Personal C Order Credit/Deb | | Contribution II | D# | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Dat | e Received | | | |
| 7 Eastview St . | | West Hartford | | СТ | 06107 | 05, | /07/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 05072010B | | | | | | | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob es | byist? | Aggrega | ate Contribution \$25 | ^{ns} 5.00 | \$25.00 | |
| Last Name Sylvester | First Name Denise | 1 | МІ | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution II | D # | Amount of Contribution | |
| Residential Street Address 168 Four Mile Rd | | City West Hartford | | State CT | Zip Code 06107 | | te Received /07/2010 | | | |
| Principal Occupation 860 561-3922 | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # 050 | | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggrega | ate Contribution \$50 | ^{ns}).00 | \$50.00 | |
| Last Name Flanagan | First Name Charlotte | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution II 645 | D# | Amount of Contribution | |
| Residential Street Address 9 Cherryfield Dr . | | City West Hartford | | State CT | Zip Code 06107 | | te Received /07/2010 | | | |
| Principal Occupation Library Specialist | | Name of Employer Bugbee Elementary School | | | Is this contribution associa fundraising event listed in If yes, list Event # 050 | | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob es X | byist? | Aggrega | ate Contribution \$35 | ^{ns} 5.00 | \$35.00 | |
| Last Name Gould | First Name Roberta | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution II 649 | D # | Amount of Contribution | |
| Residential Street Address 11 Eastview St | | City West Hartford | | State CT | Zip Code 06107 | | te Received /07/2010 | | | |
| Principal Occupation Field Representative | | Name of Employer State, DSS | | | Is this contribution associa fundraising event listed in If yes, list Event # 050 | Section J1 | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Yes X No | | utor a lobbyist child of a lob res | byist? | Aggrega | ate Contribution \$50 | ^{ns}).00 | \$50.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------|-------------------------|------------------------------|-----------|--|---|--------|----------------------|-------------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Ite | emized Contributi | ons from | ı Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | on ID # | |
| Seedman | Willard | | | | Cash | V Order Credit/Del | | 651 | , in 115 " | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| Box 2661 | | Hartford | | | СТ | 06146 | | 5/07/2010 |) | |
| Principal Occupation | | Name of En | nployer | | | Is this contribution associ fundraising event listed in If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? | or prospective | | Yes X No | | utor a lobbyist | | Aggre | gate Contribu | itions | |
| Is yes, indicate which branch or branches of government the contract is with: | | Executive | Legislative | | child of a lob Yes | | | \$ | \$25.00 | \$25.00 |
| Last Name | First Name | | | MI | | contribution: | 1 1 | Contributio | on ID # | Amount of |
| Cribbage | Amy | | | | Cash Money | Order X Credit/Del | | 652 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 39 Middlefield Rd . | | West Har | | | СТ | 06107 | | 5/07/2010 | | |
| Principal Occupation consultant | | Name of En | nployer | | | Is this contribution associ fundraising event listed in | | | Yes | |
| | | | | - | | If yes, list Event # 05 | 072010 | <u>b</u> L | No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es X | byist? | Aggre | gate Contribu \$1 | tions | \$100.00 |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | on ID # | Amount of |
| Guglietta | Devin | | | | Cash Money | Order Credit/Del | | 653 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 27 Bramley Rd . | | West Har | tford | | СТ | 06110 | | 5/07/2010 |) | • |
| Principal Occupation | | Name of En Harris 20 | | | | Is this contribution associ fundraising event listed in | | 112 L | Yes | |
| Volunteer Coordinatoe | | | ,10 | | | If yes, list Event # 05 | 072010 | <u>b</u> L | No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of | or prospective | | Yes X No | | utor a lobbyist | byist? | Aggre | gate Contribu \$1 | tions | \$100.00 |
| government the contract is with: | <u> </u> | Executive | Legislative | | ^r es X | No | | | | |
| Last Name | First Name | | | MI | | contribution: | haak | Contributio | on ID # | Amount of |
| Herbert | Charles | 1 | | | Cash Money | / Order Credit/Del | | 677 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 10 Timber Ln | | Avon | | | СТ | 06001 | | 5/07/2010 | - | |
| Principal Occupation Financial | | Name of En Bradley, | nployer Foster, & Sargent | | | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? | or prospective | | Yes X No | | utor a lobbyist child of a lob | | Aggre | gate Contribu | itions \$25.00 | \$25.00 |
| Is yes, indicate which branch or branches of government the contract is with: | | Executive | Legislative | П у | 'es X | No | | 7 | 23.00 | φ25.00 |

| | | I. M | ONETARY RE | CEIPTS | 6 (Section | n A-I) | | | | |
|---|---------------------|--------------------------|---------------------|-----------|--|---|-------------|----------------------|-----------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Ite | emized Contributi | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | on ID # | Amount of |
| Johnson | Tom | | | | Cash Money | Order X Credit/De | | 661 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 111 Mohegan Dr | | West Harl | ford | | СТ | 06117 | 0 | 5/08/2010 |) | |
| Principal Occupation Planner | | Name of Em Ct Judicia | | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyist child of a lob res | byist? | Aggre | gate Contribu \$1 | ttions | \$100.00 |
| Last Name White | First Name Harry | | | MI | Cash | contribution: X Personal (/ Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 115 Brookridge Ln | • | City Guilford | | | State CT | Zip Code 06437 | | ate Received |) | |
| Principal Occupation | | Name of Err | nplover | | | Is this contribution assoc | iated with | a Г | Yes | |
| consultant | | self | r - J - | | | fundraising event listed in If yes, list Event # | n Section J | | No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob res X | byist? | Aggre | gate Contribu \$1 | itions | \$100.00 |
| Last Name Atlas | First Name Neil | | | MI | Cash | contribution: | Check | Contributio | on ID # | Amount of Contribution |
| | | <u> </u> | | | | / Order Credit/De | | | | |
| Residential Street Address 105 S Main St | | City West Hart | ford | | State CT | Zip Code 06107 | | ate Received |) | |
| Principal Occupation | | Name of Em | ployer | | | Is this contribution assoc fundraising event listed in | | | Yes | |
| attorney | | self | | | | If yes, list Event # | . beenon o | | No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggre | gate Contribu | tions | \$50.00 |
| Last Name | First Name | | | MI | Method of | contribution: | 1 | Contributio | on ID # | Amount of |
| Kleinman | William | | | | Cash Money | V Order Credit/De | | 665 | | Contribution |
| Residential Street Address 35 Juniper Ln | | City West Harl | ford | | State CT | Zip Code 06117 | | ate Received |) | |
| Principal Occupation | | Name of Em | | | ļ | Is this contribution assoc | | | Yes | ł |
| attorney | | | General, Connecticu | ıt | | fundraising event listed in If yes, list Event # | | | No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of \$100.00 | | | | | | | | \$100.00 | | |
| government the contract is with: | | Executive | Legislative | Y 🗌 | es X | No | | | | , |

| | | I. MONETAR | Y RECEI | (PTS) | (Section | n A-I) | | | | |
|---|------------------------|--------------------------------------|--------------|--------|---------------------------------|--|-------------|---------------------------|----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized Con | tributions f | from I | Individu | als | | | | |
| Last Name | First Name | | MI | | Method of c | | | Contribution | n ID # | Amount of |
| Bower | Norman | | | | Cash Money | Order Personal C Credit/De | | 666 | | Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 8 Shipston Dr . | | West Hartford | | | СТ | 06117 | | 5/08/2010 | | |
| Principal Occupation | | Name of Employer retired | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | depe | | or a lobbyist nild of a lobb | oyist? | Aggrey | gate Contributi \$2 | ions 25.00 | \$25.00 |
| Last Name Belmont | First Name Robert | | MI | | Method of c Cash Money | X Personal C | | Contribution 667 | n ID # | Amount of Contribution |
| Residential Street Address 55 Lemay St | • | City West Hartford | • | | State CT | Zip Code 06107 | | ate Received 5/08/2010 | | |
| Principal Occupation | | Name of Employer | | | | Is this contribution associ fundraising event listed ir If yes, list Event # | ated with a | a 🔲 | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | depe | | or a lobbyist nild of a lobb | oyist? | Aggre | gate Contributi \$5 | ions 50.00 | \$50.00 |
| Last Name Pitel | First Name Lila | | MI | | Method of c Cash Money | × Personal C | | Contribution 669 | 1 ID # | Amount of Contribution |
| Residential Street Address 600 Mountain Rd . | | City West Hartford | I | | State CT | Zip Code 06117 | | ate Received 5/08/2010 | | |
| Principal Occupation | | Name of Employer retired | | · | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | depe | | or a lobbyist nild of a lobb | oyist? | Aggres | gate Contributi \$ | ions \$5.00 | \$5.00 |
| Last Name Marcus | First Name Mitchell | | MI | | Method of c Cash Money | X Personal C | | Contribution 670 | n ID # | Amount of Contribution |
| Residential Street Address 181 W Ridge Dr . | I | City West Hartford | I | | State CT | Zip Code 06117 | Da 0! | ate Received 5/08/2010 | | |
| Principal Occupation Agent | | Name of Employer Marcus Insurance | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | depe | | or a lobbyist nild of a lobb | oyist? | Aggree | gate Contributi \$10 | ions 00.00 | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|---|-------------------------|--|-----------|--|---|--------|---------------------------|-----------------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | F | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | C | Drigina | ıl 07/12/2010 |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | |
| Last Name | First Name | | MI | Method of | contribution: | 1 | Contribution I | m # | |
| Backer | Ivan | | | Cash | V Order Credit/Deb | | 671 | ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | Da | te Received | | |
| 31 Woodland St . | | Hartford | | СТ | 06105 | 05 | 5/08/2010 | | |
| Principal Occupation | | Name of Employer retired | - | | Is this contribution associa fundraising event listed in If yes, list Event # | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes No Executive Legislative | dependent | utor a lobbyist child of a lob res | byist? | Aggreg | ate Contributior \$25 | ^{ns} 5.00 | \$25.00 |
| Last Name Tudan | First Name Claudia | 1 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution II | ID # | Amount of Contribution |
| Residential Street Address 2 Starkel Rd . | | City West Hartford | | State CT | Zip Code 06117 | | te Received 5/08/2010 | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggreg | ate Contributior \$50 | ^{ns} 0.00 | \$50.00 |
| Last Name LeVangie | First Name John | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution II | ID # | Amount of Contribution |
| Residential Street Address 85 Lawler Ln | | City Norwich | | State CT | Zip Code 06360 | | te Received 5/08/2010 | | |
| Principal Occupation Clerk | | Name of Employer Electric Boat | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob ⁷ es X | byist? | Aggreg | ate Contributior \$50 | ^{ns} 0.00 | \$50.00 |
| Last Name Barshay | First Name Janice Re | iter | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution II 672 | ID # | Amount of Contribution |
| Residential Street Address 5 Lyman Rd . | | City West Hartford | | State CT | Zip Code 06117 | | ite Received 5/08/2010 | | |
| Principal Occupation teacher | | Name of Employer Mandell JCC | | | Is this contribution associa fundraising event listed in If yes, list Event # | | I I I | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob ⁷ es X | byist? | Aggreg | ate Contributior \$25 | ^{ns} 5.00 | \$25.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|---|------------------------|--|-----------|--|---|--------|---------------------------|---------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized Contribution | ons from | Individu | als | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | ID # | |
| Gordon | Matthew I | Dallas | 1411 | Cash | V Order Credit/Deb | | 674 | I ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | |
| 190 Wood Pond | | West Hartford | | СТ | 06107 | 0 | 5/10/2010 | | |
| Principal Occupation attorney | | Name of Employer Matthew Dallas Gordon, LLC | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob res X | byist? | Aggre | gate Contributi \$10 | ions 00.00 | \$100.00 |
| Last Name Sacks | First Name Robert | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 675 | n ID # | Amount of Contribution |
| Residential Street Address 363 Altessa Blvd . | | City Melville | | State NY | Zip Code 11747 | | ate Received 5/10/2010 | | |
| Principal Occupation Engineer | | Name of Employer Northrup Grumman | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No Executive Legislative | dependent | utor a lobbyist child of a lob es | byist? | Aggres | gate Contributi \$10 | ions 00.00 | \$100.00 |
| Last Name Sacks | First Name Mary Ann | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 676 | n ID # | Amount of Contribution |
| Residential Street Address 363 Altessa Blvd | | City Melville | | State NY | Zip Code 11747 | | ate Received 5/10/2010 | | |
| Principal Occupation Educator | | Name of Employer South Huntington School Dist | rict | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contributi \$10 | ions 00.00 | \$100.00 |
| Last Name Levin | First Name Nanette | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 678 | n ID # | Amount of Contribution |
| Residential Street Address 11 Great Meadow Ln | | City Avon | | State CT | Zip Code 06001 | | ate Received 5/11/2010 | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob res X | byist? | Aggre | gate Contributi \$10 | ions 00.00 | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|---------------------|-------------------------|---|-----------|--|--|-------------|-----------------------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | FILIN | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | Origii | nal 07/12/2010 |
| | | B. Ite | emized Contribution | ons from | ı Individu | ials | | | |
| Last Name | First Name | | | MI | Method of | contribution: | C | Contribution ID # | Amount of |
| Pena | David | | | | Cash Money | V Order Credit/Del | 6 | 579 | Contribution |
| Residential Street Address | | City | | | State | Zip Code | Date | Received | |
| 11 Avalon Dr . | | Avon | | | СТ | 06001 | 05/1 | 11/2010 | 1 |
| Principal Occupation Name of Employer consultant self | | | | | | Is this contribution associ fundraising event listed in If yes, list Event # 05 | | X Yes | |
| Is contributor a principal of a state contractor or prospective $Yes X N_0$ Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of Executive Legislative Ves X No Sourcement the contract is with: | | | | | | | | \$50.00 | |
| Last Name Goldberg | First Name Ellie | | | MI | Cash | contribution: X Personal C v Order Credit/Del | Check | Contribution ID # | Amount of Contribution |
| Residential Street Address 103 Brookmor Rd . | | City Avon | | | State CT | Zip Code 06001 | | Received 11/2010 | |
| Principal Occupation Name of Employer Literacy Tutor Regional School District 13 | | | | | | Is this contribution associ fundraising event listed in If yes, list Event # <u>05</u> | Section J1? | X Yes | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyist child of a lob Yes X | byist? | Aggregate | e Contributions \$100.00 | \$100.00 |
| Last Name Goldberg | First Name Mark | | | MI | Cash | contribution: X Personal C v Order Credit/Del | Check | Contribution ID # 581 | Amount of Contribution |
| Residential Street Address 103 Brookmor Rd . | | City Avon | | | State CT | Zip Code 06001 | | Received 11/2010 | |
| Principal Occupation Reg. Investment Advisor | | Name of Em Self- Dat | ^{iployer} eway Financial Grou | р | | Is this contribution associ fundraising event listed in If yes, list Event # <u>05</u> | Section J1? | X Yes | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggregate | e Contributions \$100.00 | \$100.00 |
| Last Name Bond | First Name Roger | | | MI | Cash | contribution: X Personal C v Order Credit/Del | Check | Contribution ID # | Amount of Contribution |
| Residential Street Address 358 Country Club Rd . | | City Avon | | | State CT | Zip Code 06001 | 05/1 | Received 11/2010 | |
| Principal Occupation CEO | | Name of Em Abbott Ba | | | | Is this contribution associ fundraising event listed in If yes, list Event # | | Yes No | |
| If yes, list Event # Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Yes X No | | | | | | | | | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|---------------------------------|--|---|-------------------|-------------------|---------------------------|--|--|--|--|
| NAME OF COMMITTEE | | | | | FILING | G DUE DATE | | | | |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 | | | | |
| | B. Itemized Contribution | ons from Individ | uals | | | | | | | |
| Last Name First Name | | MI Method o | f contribution: | Contributi | ion ID # | | | | | |
| Flynn Vicenza | | Cash | | heck 683 | ion id # | Amount of Contribution | | | | |
| Residential Street Address | City | State | Zip Code | Date Received | 1 | | | | | |
| 5 Sunset Ter | West Hartford | СТ | 06107 | 05/11/201 | 0 | | | | | |
| Principal Occupation | Yes No | | | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legisla | | | | | | | | | | |
| Last Name First Name Mitlak Beatrice | | Cash | f contribution: X Personal C ey Order Credit/Deb | 685 | ion ID # | Amount of Contribution | | | | |
| Residential Street Address | City | State | Zip Code | Date Received | - | | | | | |
| 8 Coolidge Rd . | West Hartford | СТ | 06117 | 05/11/201 | 0 | | | | | |
| Principal Occupation | Name of Employer retired | | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive Legislative | Is contributor a lobby dependent child of a lo | - | Aggregate Contrib | utions \$20.00 | \$20.00 | | | | |
| Last Name First Name Herrmann Alice | | Cash | f contribution: X Personal C ey Order Credit/Deb | 686 | ion ID # | Amount of Contribution | | | | |
| Residential Street Address | City | State | Zip Code | Date Received | 1 | | | | | |
| 7 Shirecrest | Avon | СТ | 06001 | 05/11/201 | 0 | | | | | |
| Principal Occupation social worker | Name of Employer retired | | Is this contribution associa fundraising event listed in If yes, list Event # | Section 11? | Yes No | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive | Is contributor a lobby dependent child of a lo | - | Aggregate Contrib | utions \$50.00 | \$50.00 | | | | |
| Last Name First Name | | MI Method o | f contribution: | Contribut | ion ID # | Amount of | | | | |
| Shonta Michael | | Cash Mon | ey Order Credit/Deb | 684 | | Contribution | | | | |
| Residential Street Address | City | State | Zip Code | Date Received | | | | | | |
| 118 Skyview Dr . | Cromwell | СТ | 06416 | 05/11/201 | 0 | | | | | |
| Principal Occupation Clerk | Name of Employer State of CT | | Is this contribution associa fundraising event listed in If yes, list Event # | Section J1? | Yes No | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Aggregate Contributions | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|--|----------|---|---|--------|---------------------------|----------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contributio | ons from | Individu | als | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contributio | ID # | | |
| Vercelli | John | | | Cash | V Order Credit/Deb | | 709 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 100 Davenport Rd . | | West Hartford | | СТ | 06110 | 05 | 5/12/2010 |) | | |
| Principal Occupation Name of Employer Is this contribution associated with fundraising event listed in Section Real estate self If yes, list Event # 0512201 | | | | | | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | \$75.00 | | |
| Last Name Vercelli | First Name Barbara | | MI | Cash | contribution: X Personal C Order Credit/Deb | | Contributio 710 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 100 Davenport Rd . | | West Hartford | | СТ | 06110 | | 5/12/2010 |) | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X Yes retired If yes, list Event # 05122010D No | | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contribut \$ | tions 25.00 | \$25.00 | |
| Last Name Price | First Name Candice | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contributio | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 24 Bainton Rd . | | West Hartford | | СТ | 06117 | 05 | 5/12/2010 |) | | |
| Principal Occupation teacher | | Name of Employer West Hartford Board of Educa | ition | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contribut \$ | tions 50.00 | \$50.00 | |
| Last Name Friedman | First Name Daniel | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contributio 703 | n ID # | Amount of Contribution | |
| Residential Street Address 84 Blue Ridge Ln | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 5/12/2010 | | | |
| Principal Occupation financial advisor | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Legislative Legislat | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------|---|----------|---|---|--------|-------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | . ID # | | |
| Levine | Dr. Micha | el | | Cash | V Order Credit/Deb | | 691 | II ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 48 Richmond Ln | | West Hartford | | СТ | 06117 | 05 | 5/12/2010 | | | |
| Principal Occupation Pediatrician | | Name of Employer Prohealth Physicians | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg | | | | | | | | \$25.00 | | |
| Last Name Spivak | First Name Arthur | | МІ | Cash | contribution: X Personal C / Order Credit/Deb | | Contributior 688 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 85 Memorial Rd | | West Hartford | | СТ | 06107 | | 5/12/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with fundraising event listed in Section sales self fundraising event listed in Section If yes, list Event # | | | | | | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$10 | ions 00.00 | \$100.00 | |
| Last Name Darling | First Name Alan | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 708 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 27 Cherryfield Dr . | | West Hartford | | СТ | 06107 | 05 | 5/12/2010 | | | |
| Principal Occupation Instructor | | Name of Employer Capitol Community College | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$4 | ions 40.00 | \$40.00 | |
| Last Name Gordon | First Name Mark | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 755 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 195 Wood Pond | | West Hartford | | СТ | 06107 | 05 | 5/12/2010 | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|---------------------------|--|----------|---|---|-----------|---------------------------|--------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | |
| Last Name | First Name | | MI | Mathod of | contribution: | | | | | |
| O'Toole | Moraith M | arra | NII . | Cash | V Order Credit/Deb | | Contribution 717 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 1850 Quaker Ln | | West Hartford | | СТ | 06119 | 0 | 5/12/2010 | | | |
| Principal Occupation Name of Employer nurse retired | | | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | Section J | | | | |
| 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: | | | | | | | | \$50.00 | | |
| Last Name Lowengard | First Name Elaine Titl | e | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 690 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 727 Prospect Ave | | West Hartford | | СТ | 06105 | | 5/12/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes retired If yes, list Event # No | | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contributio \$5 | ons 50.00 | \$50.00 | |
| Last Name O'Neil | First Name Shelagh | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 687 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 17 High Farms Rd . | | West Hartford | | СТ | 06107 | 0 | 5/12/2010 | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No Executive Legislative | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contributio \$5 | ons 50.00 | \$50.00 | |
| Last Name Barall | First Name Muriel | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 689 | ID # | Amount of Contribution | |
| Residential Street Address 600A Mountain Rd . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 5/12/2010 | | | |
| Principal Occupation | | Name of Employer not employed | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative L | | | | | | | | | \$35.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------|-----------------------------|--------------------------|-----------|--|--|-----------|---------------------------|-----------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origin | al 07/12/2010 |
| | | B. Ite | emized Contributio | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | G (1) (| ID // | |
| Woodiel | Flo | | | WII | Cash | V Order Credit/Del | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 65 Linnbrook Rd . | | West Har | tford | | СТ | 06107 | 0 | 5/12/2010 |) | 1 |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes retired If yes, list Event # 05122010D No | | | | | | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions \$50.00 Is yes, indicate which branch or branches of overnment the contract is with: Executive Legislative Yes X No | | | | | | | | | \$50.00 | |
| Last Name Kearney | First Name Lore | | | MI | Cash | contribution: X Personal C / Order Credit/Del | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 108 Somerset Dr . | | City Avon | | | State CT | Zip Code 06001 | | ate Received 5/12/2010 | 0 | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X Yes teacher Hartford Board of Education If yes, list Event # 05122010D No | | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$1 | ttions | \$100.00 |
| Last Name Julian | First Name Tracy | | | MI | Cash | contribution: X Personal C y Order Credit/Del | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 29 Bradford Walk | | City Farmingto | on | | State CT | Zip Code 06032 | | ate Received 5/12/2010 |) | |
| Principal Occupation sales | | Name of En Gibbs Co | | | | Is this contribution associ fundraising event listed ir If yes, list Event # <u>05</u> | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$ | tions | \$50.00 |
| Last Name McCurdy | First Name Marsha | | | MI | Cash | contribution: X Personal C v Order Credit/Del | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 100 Kane St | | ^{City} West Har | tford | | State CT | Zip Code 06119 | | ate Received 5/12/2010 |) | |
| Principal Occupation firefighter | | Name of En Town of | nployer West Hartford | | • | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | Section J | | Yes No | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | | \$50.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|---------------------|--|----------|---|---|--------|---------------------------|---------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | n ID # | |
| Loebell | Rob | | | Cash | V Order Credit/Deb | | 697 | II ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | |
| 34 Lakeshore Dr . | | Farmington | | СТ | 06032 | 05 | 5/12/2010 | | - |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? teacher West Hartford Board of Education If yes, list Event # 05122010D | | | | | | | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legisla | | | | | | | | \$25.00 | |
| Last Name Sprung | First Name Fern | 1 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contributior 698 | n ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | |
| 18E Greenbriar Dr . | | Farmington | | СТ | 06032 | | 5/12/2010 | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X Yes Administrator PCG If yes, list Event # 05122010D No | | | | | | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No Executive Legislative | | utor a lobbyist child of a lob es X | byist? | Aggres | gate Contributi \$ | ions 10.00 | \$10.00 |
| Last Name Gent | First Name Diane | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 699 | n ID # | Amount of Contribution |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | |
| 1040 Prospect Ave | | Hartford | | СТ | 06105 | 05 | 5/12/2010 | | - |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$! | ions 50.00 | \$50.00 |
| Last Name Tulumaris | First Name Mary | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 700 | n ID # | Amount of Contribution |
| Residential Street Address 186 Terry Rd . | | City Hartford | | State CT | Zip Code 06105 | | ate Received 5/12/2010 | | |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legisla | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|-------------------------|------------------------------------|-----------|--|---|-------------|----------------------|-----------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origin | al 07/12/2010 |
| | | B. It | emized Contribution | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Cartaitarti | ID # | |
| Boyce | Diane | | | | Cash | y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 3 Wills Ln | | Avon | | | СТ | 06032 | 0 | 5/12/2010 |) | |
| Nurse State of CT | | | | | | Is this contribution association fundraising event listed in If yes, list Event # 05 | n Section J | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Aggregate Contributions dependent child of a lobbyist? Aggregate Contributions \$\$50.00 Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | \$50.00 | |
| Last Name Koteen | First Name Charles | i | | MI | Cash | contribution: X Personal of y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 98 Newport Ave . | | West Har | | | СТ | 06107 | | 5/12/2010 | | |
| Principal Occupation Real Estate | | Name of Er self | nployer | | | Is this contribution associ fundraising event listed in If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob ⁷ es X | byist? | Aggre | gate Contribu \$1 | ttions | \$100.00 |
| Last Name Winterfield | First Name Michael | | | MI | Cash | contribution: X Personal (y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | Da | ate Received | | |
| 555 Mountain Rd . | | West Har | tford | | СТ | 06117 | 0 | 5/12/2010 |) | |
| Principal Occupation actuary | | Name of Er retired | nployer | | | Is this contribution associ fundraising event listed in If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$1 | itions | \$100.00 |
| Last Name Mailliet | First Name Maura | | | MI | Cash | contribution: X Personal of y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 126 Pioneer Dr . | | City West Har | tford | | State CT | Zip Code 06117 | | ate Received |) | |
| Principal Occupation HR | | Name of Er Malliet H | ^{nployer} R Consulting | | • | Is this contribution assoc fundraising event listed in If yes, list Event # 05 | | | Yes No | |
| If yes, list Event # US122010D Large Contributions dependent child of a lobbyist? Spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative State contractor? | | | | | | | | | \$50.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|-----------------------------|---------------------------------|-----------|---|---|-------|---------------------------|----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Ite | emized Contributi | ons from | ı Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | ID // | |
| Spada | Art | - | | | Cash | V Order Credit/De | | 706 | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 38 Westbrook Rd . | | West Har | tford | | СТ | 06107 | 0 | 5/12/2010 |) | |
| Marketing Travelers fundraising event listed in Section J1? If yes, list Event # 05122010D | | | | | | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contributions Legislative Aggregate Contributions State contract or prospective State contractor or prospective Stat | | | | | | | | \$50.00 | | |
| Last Name Bronner | First Name Felix | I | | MI | Cash | contribution: X Personal C / Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 33 Ferncliff Dr . | | ^{City} West Har | tford | | State CT | Zip Code 06117 | | ate Received 5/12/2010 |) | |
| Principal Occupation Name of Employer retired Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 05122010D No | | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob 'es X | byist? | Aggre | gate Contribu \$ | tions 25.00 | \$25.00 |
| Last Name Kelly | First Name Chris | | | MI | Cash | contribution: X Personal C / Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 18 Florence Ave | | City Ellington | | | State CT | Zip Code 06029 | | ate Received 5/12/2010 |) | |
| Principal Occupation | | Name of En not empl | | | ł | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyis child of a lob ⁷ es X | byist? | Aggre | gate Contribu \$ | tions 50.00 | \$50.00 |
| Last Name Jasper | First Name Carolyn | | | MI | Cash | contribution: X Personal G y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 10 Hyde Rd | | City West Har | tford | | State CT | Zip Code 06117 | | ate Received |) | |
| Principal Occupation non-profit attorney | | Name of En Rebuildir | nployer ng Together- New Bri | itain | - | Is this contribution associ fundraising event listed in If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyis child of a lob Yes X | byist? | Aggre | gate Contribu \$ | tions 50.00 | \$50.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|------------------------|-----------------------------|----------|---|---|--------|---------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contributio | ons from | Individu | ials | | | | | |
| Last Name | First Name | | мі | 1 | contribution: | | | | | |
| Graveley | Wendy | | NII - | Cash | V Order Credit/Deb | | Contribution 713 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 64 Cone Rd . | | Hebron | | СТ | 06248 | 05 | 5/12/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X Y CARC If yes, list Event # 05122010D N | | | | | | | | | | |
| 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: | | | | | | | | \$50.00 | | |
| Last Name Fisher | First Name Candace | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 718 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 118 Mountain Rd . | | West Hartford | | СТ | 06107 | | 5/12/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Consultant/sales Self If yes, list Event # 05122010D No | | | | | | | | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributi \$1(| ions 00.00 | \$100.00 | |
| Last Name McLean | First Name Lauchlin | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 761 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 93 Pioneer Dr . | | West Hartford | | СТ | 06117 | 05 | 5/12/2010 | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$! | ions 50.00 | \$50.00 | |
| Last Name Hennessey | First Name Charles | | MI | X Cash | contribution: Personal C / Order Credit/Deb | | Contribution 760 | n ID # | Amount of Contribution | |
| Residential Street Address 767 George Washington Tpke . | | City Burlington | | State CT | Zip Code 06013 | | ate Received 5/13/2010 | | | |
| Principal Occupation paint/wallpaper | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg | | | | | | | | | \$50.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|-----------------|---|----------|-----------|---|---|-------------|---------------------------|-----------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized Contri | butio | ns from | Individu | als | | | | |
| Last Name First | t Name | | <u> </u> | MI | Method of a | contribution: | | Contributio | m ID # | |
| | bbi Star | nley | | | Cash | V Order Credit/De | | 754 | JII 112 # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 22 Hamlin Dr . | | West Hartford | | | СТ | 06117 | | 5/13/2010 |) | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # No | | | | | | | | | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of exercise with: Executive Legislative Yes X No | | | | | | | | | \$10.00 | |
| | at Name ward | | | MI | Method of o Cash Money | contribution: X Personal Q v Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 15 Ironwood Rd . | | West Hartford | | | СТ | 06117 | | 5/13/2010 |) | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes retired If yes, list Event # No | | | | | | | | | | |
| Is contributor a principal of a state contractor or pros state contractor? Is yes, indicate which branch or branches of government the contract is with: | · — | Executive | | dependent | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribu \$1 | utions | \$100.00 |
| Last Name First Das Riju | at Name U | | | MI | Cash | contribution: X Personal C v Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 1 Crabapple Ln . | | Farmington | | | СТ | 06085 | 0 | 5/13/2010 |) | |
| Principal Occupation Legislative Aide | | Name of Employer CT General Assembly | | | | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor or pros state contractor? Is yes, indicate which branch or branches of government the contract is with: | · — | Executive | | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribu \$ | tions | \$25.00 |
| Last Name First | st Name | | Ī | MI | Method of o | contribution: | | Contributio | on ID # | Amount of |
| Huelin Rob | bert | | | | Cash Money | V Order Credit/De | | 725 | | Contribution |
| Residential Street Address 21 Bidwell Sg . | | City Farmington | | | State CT | Zip Code 06085 | | ate Received 5/13/2010 | , I | |
| | | | | | | Is this contribution associ | | | - | |
| Principal Occupation Attorney | | Name of Employer Otis Elevator | | | | fundraising event listed in If yes, list Event # 05 | n Section J | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | | | | | | | | \$50.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|-------------------------|--|-----------|--|---|--------|---------------------------|--------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | ID.# | | |
| Werner | Elaine | | | Cash | V Personal C | | Contribution 726 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 48 Mallard Dr . | | Avon | | СТ | 06001 | 05 | 5/13/2010 | | | |
| Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X Yes Community Liaison US Senate If yes, list Event # 05132010E No | | | | | | | | | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of covernment the contract is with: Legislative Yes X No | | | | | | | | | \$50.00 | |
| Last Name Fierston | First Name David | | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution 715 | ID # | Amount of Contribution | |
| Residential Street Address 3 Thistle Hollow Rd . | | ^{City} West Hartford | | State CT | Zip Code 06001 | | ate Received 5/13/2010 | | | |
| Principal Occupation Name of Employer Investment Advisor Fierston Financial Group Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # No | | | | | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributio \$10 | ons 00.00 | \$100.00 | |
| Last Name Daniels | First Name Jeffrey | | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution 714 | ID # | Amount of Contribution | |
| Residential Street Address 102 Arundel Ave . | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/13/2010 | | | |
| Principal Occupation Consultant | | Name of Employer Jeffrey Daniels Consulting | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob 'es | byist? | Aggreg | gate Contributio \$5 | ons 50.00 | \$50.00 | |
| Last Name Parlow | First Name Mary Jane | e | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution 727 | ID # | Amount of Contribution | |
| Residential Street Address 83 Farmington Chase | | City Farmington | | State CT | Zip Code 06032 | | ate Received 5/13/2010 | | | |
| Principal Occupation | | Name of Employer retired | | • | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob 'es | byist? | Aggreg | gate Contributio \$5 | ons 50.00 | \$50.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------|--|-----------|---|---|--------|---------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | » ID # | | |
| Bernstein | Abraham | | | Cash | Order X Credit/Deb | | 753 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 60 Cassandra Blvd . | | West Hartford | | СТ | 06107 | 05 | 5/13/2010 | | | |
| Principal Occupation physician | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No Executive Legislative | dependent | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contribut | ions 54.00 | \$54.00 | |
| Last Name Statchen | First Name Ned | 1 | MI | Cash | contribution: X Personal C Order Credit/Deb | | Contribution 720 | n ID # | Amount of Contribution | |
| Residential Street Address 6 Bella Ln | | City Unionville | | State CT | Zip Code 06085 | | ate Received 5/13/2010 | | | |
| Principal Occupation engineer | | Name of Employer State of CT-DOT | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggres | gate Contribut: \$! | ions 50.00 | \$50.00 | |
| Last Name Nakhimovsky | First Name Zalmon | | MI | X Cash | contribution: Personal C Order Credit/Deb | | Contribution 724 | n ID # | Amount of Contribution | |
| Residential Street Address 53 Walnut St . | | City Unionville | | State CT | Zip Code 06085 | | ate Received 5/13/2010 | | | |
| Principal Occupation clerk | | Name of Employer Stop&Shop | | <u> </u> | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | ₁₂ 凸 | Yes No | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contribut | ions 25.00 | \$25.00 | |
| Last Name Vibert | First Name John | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 721 | n ID # | Amount of Contribution | |
| Residential Street Address 126 Main St | | City Unionville | | State CT | Zip Code 06085 | | ate Received 5/13/2010 | | | |
| Principal Occupation | | Name of Employer retired | | • | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legis | | | | | | | | | \$50.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|--|-----------|---|---|------------|--------------------------|--------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | ul 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | |
| Last Name | First Name | | MI | Method of o | contribution: | | Contribution | ID # | | |
| Simpson | Donald | | | Cash | Order Personal Cl Credit/Deb | | 723 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Dat | te Received | | | |
| 26 Girard Ave . | | Farmington | | СТ | 06032 | 05 | /13/2010 | | | |
| Principal Occupation | retired | | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | Section J1 | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes No Executive Legislative | dependent | utor a lobbyist child of a lob es | byist? | Aggrega | ate Contributio \$2 | ons 25.00 | \$25.00 | |
| Last Name Kirsten | First Name Gary | | MI | Cash | contribution: X Personal Cl Order Credit/Deb | | Contribution 748 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | te Received | | | |
| 84 Lemay St | | West Hartford | | СТ | 06107 | 05 | /14/2010 | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes No Executive Legislative | dependent | utor a lobbyist child of a lob es X | byist? | Aggrega | ate Contributio \$2 | ons 25.00 | \$25.00 | |
| Last Name Halloran | First Name Kaitlin | | MI | Method of d X Cash Money | contribution: Personal Cl Order Credit/Deb | | Contribution 735 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Dat | te Received | | | |
| 799 Prospect Ave . | | West Hartford | | СТ | 06105 | 05 | /14/2010 | | | |
| Principal Occupation UCONN Law | | Name of Employer student | - | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggrega | ate Contributio \$2 | ons 20.00 | \$20.00 | |
| Last Name Juleson | First Name Kelly | | MI | Method of o Cash Money | contribution: X Personal Cl Order Credit/Deb | | Contribution 737 | ID # | Amount of Contribution | |
| Residential Street Address 78 Deer Run Trl | | City Manchester | | State CT | Zip Code 06040 | | te Received 5/14/2010 | | | |
| Principal Occupation Finance Director | | Name of Employer Larson for Congress | | | Is this contribution associa fundraising event listed in If yes, list Event # 051 | Section J1 | | | | |
| 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: Executive Legislative Legislative Aggregate Contributions Yes X No Aggregate Contributions \$35.00 | | | | | | | | \$35.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--------------------------|--|-----------|---|---|--------|---------------------------|--------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | |] | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | |
| LastNews | Einst Manua | | M | Mathadach | | | | | | |
| Last Name Sloat | First Name William | | MI | Cash | contribution: v Order Credit/Deb | | Contribution 730 | ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 34 Juniper Ln | | West Hartford | | СТ | 06117 | 05 | 5/14/2010 | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| state contractor? dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | | | | | gate Contributic \$5 | ons 50.00 | \$50.00 | |
| Last Name Brick | First Name Adam | 1 | MI | Cash | contribution: X Personal C Order Credit/Deb | | Contribution 733 | ID # | Amount of Contribution | |
| Residential Street Address 25 Cassandra Blvd . | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/14/2010 | | | |
| Principal Occupation staff ass't | | Name of Employer Senator Christopher Dodd | | - | Is this contribution associa fundraising event listed in If yes, list Event # 051 | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributic \$2 | ons 25.00 | \$25.00 | |
| Last Name beristain | First Name charles ar | nd victoria | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 716 | ID # | Amount of Contribution | |
| Residential Street Address 15 Sulgrave Rd | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/14/2010 | | | |
| Principal Occupation retired | | Name of Employer retired | | <u> </u> | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributio \$2 | ons 25.00 | \$25.00 | |
| Last Name Krisst | First Name Ilze | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 728 | ID # | Amount of Contribution | |
| Residential Street Address 93 Meadowbrook Rd . | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/14/2010 | | | |
| Principal Occupation adminstrator | | Name of Employer UConn | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--------------------------|------------------------------------|-----------------|-----------|---|---|-------|---------------------------|----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemize | ed Contributio | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of (| contribution: | | Contributio | - ID # | |
| Gordon | Barbara | | | 1911 | Cash | V Order Credit/De | | 729 | n ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 195 Wood Pond Rd . | | West Hartford | | | СТ | 06109 | 0 | 5/14/2010 |) | |
| Principal Occupation Copy Editor | | Name of Employer CT Jewish Ledg | ger | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | 1? L | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive I | es X No | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribut \$ | tions 50.00 | \$50.00 |
| Last Name Liftig | First Name Dr. S. Ric | k | | MI | Cash | contribution: X Personal / Order Credit/De | | Contributio | n ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | | ate Received | | |
| 75 Foxridge Rd . | | West Hartford | | | СТ | 06107 | | 5/14/2010 | | |
| Principal Occupation dentist | | Name of Employer self | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | | ves X No | | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribut \$ | tions 50.00 | \$50.00 |
| Last Name De Rocco | First Name Andrew G | | | MI | Cash | contribution: X Personal / Order Credit/Do | | Contributio | n ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | Da | ate Received | | |
| 1360 Asylum Ave . | | West Hartford | | | СТ | 06105 | 0 | 5/14/2010 |) | |
| Principal Occupation education | | Name of Employer self | | | | Is this contribution assoc fundraising event listed i If yes, list Event # | | 12 L | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | es X No | dependent | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribut \$ | tions 50.00 | \$50.00 |
| Last Name Klaffky | First Name Steve | | | MI | Cash | contribution: X Personal / Order Credit/Do | | Contributio | n ID # | Amount of Contribution |
| Residential Street Address 31 Conestoga Way | | _{City} Glastonbury | | | State CT | Zip Code 06033 | | ate Received 5/14/2010 |) | |
| Principal Occupation Lawyer | | Name of Employer Brown Rudnick | | | | Is this contribution assoc fundraising event listed i If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | _ | res X No | | utor a lobbyist child of a lob es | byist? | Aggre | gate Contribut \$ | tions 50.00 | \$50.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|------------------------|------------------------------|----------------------------------|-----------|--|--|-------|---------------------------|-----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Ite | mized Contributi | ons from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | m ID # | |
| Urban | John | | | ivii | X Cash | y Order Credit/De | | 736 | on ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 36 Middlefield Dr . | | West Hart | ford | | СТ | 06107 | 0 | 5/14/2010 |) | |
| Principal Occupation Subsitute Teacher | | Name of Em WH Public | | | | Is this contribution associ fundraising event listed in If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$ | tions 520.00 | \$20.00 |
| Last Name Droney | First Name Maura | I | | MI | Cash | contribution: X Personal O y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 97 Loomis Dr . | | ^{City} West Hart | ford | | State CT | Zip Code 06107 | | ate Received 5/14/2010 |) | |
| Principal Occupation Attorney | | Name of Em Halloran 8 | ^{ployer} & Sage, LLP | | | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$ | tions 50.00 | \$50.00 |
| Last Name Slap | First Name Derek | - | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 51 Fairlee Rd . | | ^{City} West Hart | ford | | State CT | Zip Code 06107 | | ate Received 5/14/2010 |) | |
| Principal Occupation Communications Director | | Name of Em State Leg | | | | Is this contribution associ fundraising event listed ir If yes, list Event # <u>05</u> | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$ | tions 525.00 | \$25.00 |
| Last Name Cosgrove | First Name Jennifer | - | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 72 Sedgwick Rd | | ^{City} West Hart | ford | | State CT | Zip Code 06107 | | ate Received 5/14/2010 |) | |
| Principal Occupation Billing Manager | | Name of Em Genesis H | ployer Healthcare | | | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------|---|-------------|------|---|---|-----------|---------------------------|----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized Contr | ributions f | from | Individu | als | | | | |
| Last Name | First Name | | MI | | Method of c | antribution | | | | |
| Farrell | Thomas | | IVII | | Cash Money | X Personal C | | Contribution 741 | n ID # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | Da | ate Received | | |
| 51 Westland Ave , | | West Hartford | | | СТ | 06107 | 0 | 5/14/2010 | | |
| Principal Occupation attorney | | Name of Employer Levy & Droney, P.C. | | | | Is this contribution associa fundraising event listed in If yes, list Event # 05: | Section J | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative | | | | | | | | - | tions 00.00 | \$100.00 |
| Last Name Sullivan | First Name Paul | 1 | MI | | Method of c Cash Money | X Personal C | | Contribution 742 | n ID # | Amount of Contribution |
| Residential Street Address 22 Harvest Ln | | ^{City} West Hartford | | | State CT | Zip Code 06107 | | ate Received 5/14/2010 | 1 | |
| Principal Occupation Blood Bank | | Name of Employer American Red Cross | | | | Is this contribution associa fundraising event listed in If yes, list Event # 05: | Section J | | Yes No | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | | tor a lobbyist child of a lobb cs X | oyist? | Aggres | gate Contribut \$1 | tions 00.00 | \$100.00 |
| Last Name Dodge | First Name Dallas | | MI | | Method of c Cash Money | X Personal C | | Contribution 743 | n ID # | Amount of Contribution |
| Residential Street Address 220 S Main St | | City West Hartford | | | State CT | Zip Code 06107 | | ate Received 5/14/2010 | 1 | |
| Principal Occupation Lawyer | | Name of Employer CT Appellate Court | | • | | Is this contribution associa fundraising event listed in If yes, list Event # 05: | | | Yes No | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | | tor a lobbyist child of a lobb es X | oyist? | Aggre | gate Contribut \$ | tions 50.00 | \$50.00 |
| Last Name Tanski | First Name John | | MI | | Method of c Cash Money | X Personal C | | Contribution 744 | n ID # | Amount of Contribution |
| Residential Street Address 1893 Main St . | | City Glastonbury | | | State CT | Zip Code 06033 | | ate Received 5/14/2010 | | |
| Principal Occupation Attorney | | Name of Employer Robinson & Cole LLP | | | | Is this contribution associa fundraising event listed in If yes, list Event # 05: | Section J | | Yes No | |
| Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | | \$25.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|------------------------|-----------------------------|-------------------|-----------|--|--|-------|---------------------------|-----------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILINC | G DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origin | al 07/12/2010 |
| | | B. Ite | emized Contributi | ons from | ı Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of | contribution: | | Contributio | m ID # | |
| Landry | Jamie | | | | Cash | y Order Credit/De | | 745 | m 1D # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 122 Arundel Ave . | | West Har | tford | | СТ | 06107 | 0 | 5/14/2010 |) | |
| Principal Occupation Attorney | | Name of Er | nployer | | | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob Yes | byist? | Aggre | gate Contribu \$ | tions 50.00 | \$50.00 |
| Last Name Kaplan | First Name Meredith | I | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 1039 Farmington Ave . | | City West Har | tford | | State CT | Zip Code 06107 | | ate Received 5/14/2010 |) | |
| Principal Occupation Program Manager | | Name of Er CPEP | nployer | | | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$ | tions 25.00 | \$25.00 |
| Last Name Shah | First Name Meghana | | | MI | Cash | contribution: X Personal C y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 500 Cold Spring Rd . | | City Rocky Hil | I | | State CT | Zip Code 06067 | | ate Received |) | |
| Principal Occupation | | Name of Er Robinsor | | | | Is this contribution associ fundraising event listed ir If yes, list Event # <u>05</u> | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | dependent | utor a lobbyist child of a lob ⁷ es X | byist? | Aggre | gate Contribu \$ | tions 575.00 | \$75.00 |
| Last Name Delaney | First Name Zachary | | | MI | Cash | contribution: X Personal G y Order Credit/De | | Contributio | on ID # | Amount of Contribution |
| Residential Street Address 41 Middlefield Dr . | | ^{City} West Har | tford | | State CT | Zip Code 06107 | | ate Received 5/14/2010 |) | |
| Principal Occupation | | Name of Er student | nployer | | · | Is this contribution associ fundraising event listed ir If yes, list Event # 05 | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | Yes X No | | utor a lobbyist child of a lob 'es | byist? | Aggre | gate Contribu \$1 | tions .00.00 | \$100.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|--------------------|----------------------------------|-----------|--|---|--------|---------------------------|---------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contributio | ons from | Individu | als | | | | | |
| Last Name First | st Name | | MI | Method of a | contribution: | | Contribution | n ID # | | |
| McCue Rer | enee | | | Cash | V Order Credit/Deb | | 751 | | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 1155 Farmington Ave . | | West Hartford | | СТ | 06107 | | 5/15/2010 | | • | |
| Principal Occupation Public Relations/police | | Name of Employer Town Of WH | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or pro- state contractor? Is yes, indicate which branch or branches of government the contract is with: | · — | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributi \$5 | ions 50.00 | \$50.00 | |
| | st Name argaret | | MI | Method of d Cash Money | contribution: X Personal C Order Credit/Deb | | Contributior 752 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | |
| 18 King Edward Rd | | West Hartford | | СТ | 06117 | | 5/15/2010 | | | |
| Principal Occupation | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or pro- state contractor? Is yes, indicate which branch or branches of government the contract is with: | · — | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$2 | ions 25.00 | \$25.00 | |
| Last Name First Klatsky Ala | st Name an | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 750 | n ID # | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 25 Cassandra Blvd . | | West Hartford | | СТ | 06107 | 05 | 5/15/2010 | | | |
| Principal Occupation | | Name of Employer retired | - | | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | |
| Is contributor a principal of a state contractor or pro- state contractor? Is yes, indicate which branch or branches of government the contract is with: | · — | Executive | | utor a lobbyist child of a lob res | byist? | Aggreg | gate Contributi \$5 | ions 50.00 | \$50.00 | |
| | st Name onald | | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 801 | n ID # | Amount of Contribution | |
| Residential Street Address 9 Bedford St . | | City New Britain | | State CT | Zip Code 06051 | Da | ate Received 5/16/2010 | | | |
| Principal Occupation Legislator | | Name of Employer State of Ct. | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Aggregate Contributions | | | | | | | | \$100.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-----------------------|---|-----------|--|---|-------------------------|----------------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | FILIN | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | Origin | al 07/12/2010 | | |
| | | B. Itemized Contributi | ons from | ı Individu | ials | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | Contrib | tion ID # | Amount of | | |
| Davidoff | Leon | | | Cash Money | v Order | 758 | | Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Date Receiv | ed | | | |
| 3 Stoneham Dr | | West Hartford | | СТ | 06117 | 05/17/20 | 10 | ļ | | |
| Principal Occupation Stationer | | Name of Employer The Paper Station | | | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob res | byist? | Aggregate Contr | ibutions \$50.00 | \$50.00 | | |
| Last Name Lewis | First Name Barbara | | MI | Cash | contribution: X Personal C y Order Credit/Deb | heck 756 | ution ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Date Receiv | | | | |
| 34 Garfield Rd | | West Hartford | | СТ | 06107 | 05/17/20 | 10 | ł | | |
| Principal Occupation teacher | | Name of Employer East Catholic High School | | | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob Yes X | byist? | Aggregate Contr | ibutions \$100.00 | \$100.00 | | |
| Last Name Firestone | First Name Daniel | | MI | Cash | contribution: Personal C y Order X Credit/Deb | heck 802 | ition ID # | Amount of Contribution | | |
| Residential Street Address 34 Sunset Farm Rd | 1 | City West Hartford | | State CT | Zip Code 06107 | Date Receiv | | | | |
| Principal Occupation CPA | | Name of Employer Daniel S. Firestone CPA | | | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob 'es X | byist? | Aggregate Contr | ibutions \$50.00 | \$50.00 | | |
| Last Name | First Name | | MI | Method of | contribution: | Contrib | ition ID # | Amount of | | |
| Liljehult | Allan E. | | | Cash Money | y Order Credit/Deb | 757 | | Contribution | | |
| Residential Street Address 1 Holbrook Rd . | | City West Hartford | | State CT | Zip Code 06107 | Date Receiv 05/17/20 | | | | |
| Principal Occupation | | Name of Employer retired | | ļ <u> </u> | Is this contribution associa fundraising event listed in If yes, list Event # | ited with a | Yes No | + | | |
| Is contributor a principal of a state contractor or prospective Yes Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes No Aggregate Contributions | | | | | | | | \$100.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|-----------------------|--|-------------|--|---|-------------------------|--------------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | Origin | al 07/12/2010 | | |
| | | B. Itemized Contrib | utions from | m Individu | ials | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | Contribut | ion ID # | Amount of | | |
| Rubin | Jerry | | | Cash Money | y Order X Credit/Deb | 759 | | Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Date Receive | 1 | | | |
| 37 Hardwizk St . | | Brighton | | MA | 02135 | 05/17/201 | .0 | ļ | | |
| Principal Occupation Manager | | Name of Employer JVS | | | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | ibutor a lobbyis nt child of a lob Yes X | byist? | Aggregate Contril | outions | \$100.00 | | |
| Last Name Riscassi | First Name Richard | | MI | Cash | contribution: X Personal C y Order Credit/Deb | 762 | ion ID # | Amount of Contribution | | |
| Residential Street Address 165 Garfield Rd . | | City West Hartford | | State CT | Zip Code 06107 | Date Received 05/18/201 | | | | |
| Principal Occupation attorney | | Name of Employer Self | | - | Is this contribution associa fundraising event listed in | | Yes | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | depende | ibutor a lobbyis nt child of a lob Yes X | byist? | Aggregate Contrib | outions | \$100.00 | | |
| Last Name Cleto | First Name Aline | | MI | Cash | contribution: X Personal C y Order Credit/Deb | 764 | ion ID # | Amount of Contribution | | |
| Residential Street Address 560 Silver Sands | | City East Haven | | State CT | Zip Code 06512 | Date Received | | | | |
| Principal Occupation Teacher | | Name of Employer Town of East Haven | | | Is this contribution associa fundraising event listed in If yes, list Event # | Section J1? | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | depende | ibutor a lobbyis nt child of a lob Yes | byist? | Aggregate Contrib | outions \$20.00 | \$20.00 | | |
| Last Name Mailloux | First Name Robert | | MI | Cash | contribution: X Personal C y Order Credit/Deb | 765 | ion ID # | Amount of Contribution | | |
| Residential Street Address 112 Couture Dr . | • | City Bristol | • | State CT | Zip Code 06010 | Date Received | | | | |
| Principal Occupation dentist | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | depende | ibutor a lobbyis nt child of a lob Yes | byist? | Aggregate Contrit \$ | outions | \$100.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|---|----------------------|--------------------------------------|------------|-----------|---|---|-------|---------------------------|---------------|---------------------------|
| NAME OF COMMITTEE | | | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | | Origina | al 07/12/2010 |
| | | B. Itemized Co | ntributior | ns from | Individu | ials | | | | |
| Last Name | First Name | | | MI | Method of a | contribution: | | Contribution | , ID # | |
| Siemienski | Ronald | | | | Cash | V Order Credit/De | | 766 | 110 # | Amount of Contribution |
| Residential Street Address | | City | | | State | Zip Code | D | ate Received | | |
| 26 Ravenwood Rd . | | West Hartford | | | СТ | 06107 | 0 | 5/18/2010 | | |
| Principal Occupation Facility Manager | | Name of Employer Town of WH | | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislat | _ | | itor a lobbyist child of a lob es X | byist? | Aggre | gate Contributi \$2 | ions 25.00 | \$25.00 |
| Last Name Riege | First Name Sali | 1 | | MI | Method of o Cash Money | contribution: X Personal (Order Credit/De | | Contribution 769 | n ID # | Amount of Contribution |
| Residential Street Address 80 Loeffler Rd . | | City Bloomfield | | | State CT | Zip Code 06002 | | ate Received 5/18/2010 | | |
| Principal Occupation | | Name of Employer not working | | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislat | | | itor a lobbyist child of a lob es X | byist? | Aggre | gate Contributi \$10 | ions 00.00 | \$100.00 |
| Last Name Riege | First Name John | | : | MI | Method of o Cash Money | contribution: X Personal of v Order Credit/De | | Contribution 770 | n ID # | Amount of Contribution |
| Residential Street Address 80 Loeffler Rd . | | ^{City} Bloomfield | | | State CT | Zip Code 06002 | | ate Received 5/18/2010 | | |
| Principal Occupation | | Name of Employer retired | | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislat | _ | dependent | itor a lobbyist child of a lob es X | byist? | Aggre | gate Contributi \$10 | ions 00.00 | \$100.00 |
| Last Name Estes | First Name George | | | MI | Cash | contribution: V Order | | Contribution 771 | n ID # | Amount of Contribution |
| Residential Street Address 47 Sunset Farm Rd . | | City West Hartford | · | | State CT | Zip Code 06107 | | ate Received 5/18/2010 | | |
| Principal Occupation Insurer | | Name of Employer Sparta Insurance | | | | Is this contribution assoc fundraising event listed in If yes, list Event # | | | Yes No | |
| Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | \$100.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | |
|--|-------------------------|--------------------------------------|-----------|---|---|--------|---------------------------|--------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | |
| Last Name | First Name | | МІ | Method of | contribution: | | | ID // | | |
| Stabnick | Paula | | IVII | Cash | V Order Credit/Deb | | Contribution 768 | ID# | Amount of Contribution | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | |
| 20 Fairlee Rd | | West Hartford | | СТ | 06107 | 05 | 5/18/2010 | | | |
| Principal Occupation education consultant | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$10 | ons)0.00 | \$100.00 | |
| Last Name Desiderato | First Name David | 1 | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 803 | ID# | Amount of Contribution | |
| Residential Street Address 88 Simsbury Rd | | City West Granby | | State CT | Zip Code 06090 | | ate Received 5/18/2010 | | | |
| Principal Occupation Organizer | | Name of Employer Northeast Action | | - | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | dependent | utor a lobbyist child of a lob es | byist? | Aggres | gate Contributio \$1 | ons 10.00 | \$10.00 | |
| Last Name Reynolds | First Name Catherine | | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution 763 | ID# | Amount of Contribution | |
| Residential Street Address 20 Loeffler Rd . | | City Bloomfield | | State CT | Zip Code 06002 | | ate Received 5/18/2010 | | | |
| Principal Occupation | | Name of Employer not employed | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob es | byist? | Aggres | gate Contributio \$5 | ons 50.00 | \$50.00 | |
| Last Name Lieberman | First Name Irma | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 767 | ID# | Amount of Contribution | |
| Residential Street Address 1 King Philip Dr . | | City West Hartford | • | State CT | Zip Code 06117 | | ate Received 5/18/2010 | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | |
| Is contributor a principal of a state contractor or prospective Yes Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions | | | | | | | | | \$20.00 | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|--|---|-----------|--|---|--------|---------------------------|-------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | I | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | (| Origina | al 07/12/2010 | | |
| | | B. Itemized Contributi | ons from | ı Individu | ials | | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution I | ID # | Amount of | | |
| Alpert | Lance | | | Cash Money | / Order X Credit/Deb | | 804 | | Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 91 Pilgrim Rd | | West Hartford | | СТ | 06117 | 05 | 5/19/2010 | | | | |
| Principal Occupation Optometrist | | Name of Employer TotalVision Eyecare | | | Is this contribution associa fundraising event listed in 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: Executive Legislative L | | | | | | | | ons 0.00 | \$100.00 | | |
| Last Name Alpert | First Name Lisa | 1 | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution I 805 | ID # | Amount of Contribution | | |
| Residential Street Address 91 Pilgrim Rd | State CT | Zip Code Date Received 06117 05/19/2010 | | | | | | | | | |
| Principal Occupation Educator | | Name of Employer Jumoke Academy | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob 'es | byist? | Aggreg | gate Contributio \$100 | ons 0.00 | \$100.00 | | |
| Last Name Koskoff | First Name Charlotte | | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution I 778 | ID # | Amount of Contribution | | |
| Residential Street Address 8 River Edge Ct | | City Plainville | | State CT | Zip Code 06062 | | ate Received 5/19/2010 | | | | |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob ⁷ es X | byist? | Aggreg | gate Contributio \$25 | ons 5.00 | \$25.00 | | |
| Last Name Darling | First Name Alan | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution I | ID # | Amount of Contribution | | |
| Residential Street Address 27 Cherryfield Dr . | • | City West Hartford | | State CT | Zip Code 06107 | | te Received | | | | |
| Principal Occupation Instructor | | Name of Employer Capitol Community College | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? State contractor? Is yes, indicate which branch or branches of Fruentium L to state the state contractor of the state contractor | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|-------------------------|--|---|---|---|---------------|---------------------------|----------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | n ID # | | | |
| Shadford | Jacqueline | 2 | | Cash | V Order Credit/Deb | | 772 | II ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Date Received | | | | | |
| 149 Nepaug Rd . | | Burlington | | СТ | 06013 | 0 | 5/19/2010 | | - | | |
| Principal Occupation Food Service | | Name of Employer Avon Board of Education | | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No Executive Legislative | dependent | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$. | tions 25.00 | \$25.00 | | |
| Last Name Filomeno | First Name Joseph | 1 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 134 Brookmoor Rd . | | West Hartford | | СТ | 06107 | | 5/19/2010 | | | | |
| Principal Occupation accountant | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob es | byist? | Aggrey | gate Contribut \$ | tions 25.00 | \$25.00 | | |
| Last Name Duva | First Name Constance | 2 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 774 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 66 Mountain Rd . | | West Hartford | | СТ | 06107 | 0 | 5/19/2010 | | | | |
| Principal Occupation | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$. | tions 25.00 | \$25.00 | | |
| Last Name Schreiber | First Name Sherly | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution | n ID # | Amount of Contribution | | |
| Residential Street Address 54 Westmont | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 5/19/2010 | | | | |
| Principal Occupation | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 1? | Yes No | | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg | | | | | | | | | \$100.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|--|------------------------------|------------------------------|---|------------------|-------------------------|---------------------------|---------------------------|--|--|--|
| NAME OF COMMITTEE | | | | | |] | FILING | DUE DATE | | | |
| Jonathan Harris 2010* | | | | | | (| Origina | al 07/12/2010 | | | |
| | B. Itemized Contribution | ons from I | Individu | als | | | | | | | |
| Last Name First Name | | MI | Mathod of | contribution: | | | | | | | |
| Meara David | | 1VII | Cash Money | X Personal C | Contribution 776 | ID # | Amount of Contribution | | | | |
| Residential Street Address | City | | State | Zip Code | Da | ate Received | | | | | |
| 22 Ravenswood Rd . | West Hartford | | СТ | 06107 | 05 | 5/19/2010 | | | | | |
| Principal Occupation | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | ons 0.00 | \$20.00 | | | | | | | | | |
| Last Name First Name Suchotliff Arlene | | MI | Method of o Cash Money | contribution: X Personal C Order Credit/Deb | | Contribution 780 | ID # | Amount of Contribution | | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | | |
| 7 Chestnut Hill Rd . | West Hartford | | СТ | 06107 | 05 | 5/20/2010 | | | | | |
| Principal Occupation | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive | Is contribut dependent ci | hild of a lob | byist? | Aggreg | gate Contributio \$2 | ons 5.00 | \$25.00 | | | |
| Last Name First Name Bassock Nathan | | MI | Method of o Cash Money | contribution: X Personal C Order Credit/Deb | | Contribution | ID # | Amount of Contribution | | | |
| Residential Street Address | City | | State | Zip Code | Da | ate Received | | | | | |
| 22 Eastwood Rd . | West Hartford | | СТ | 06117 | 05 | 5/20/2010 | | | | | |
| Principal Occupation | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | Executive | Is contribut dependent ci | hild of a lob | byist? | Aggreg | gate Contributio \$5 | ons 0.00 | \$50.00 | | | |
| Last Name First Name | | MI | Method of a | contribution: | | Contribution | ID # | Amount of | | | |
| Resnick Frank | | | Cash Money | Order Credit/Deb | | 782 | | Contribution | | | |
| Residential Street Address | City | | State | Zip Code | | ate Received | | | | | |
| 111 Brewster Rd . | West Hartford | | СТ | 06117 | | 5/20/2010 | | | | | |
| Principal Occupation CFO | Name of Employer Mandell Jewish Community C | enter | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Aggregate Contributions Legislative Aggregate Contributions Maggregate Contributions \$50.00 \$50.00 | | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|--------------------------|---|----------|---|---|--------|---------------------------|----------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contributio | ons from | Individu | als | | | | | | |
| Last Name First | st Name | | MI | Method of | contribution: | | Contribution | - ID # | | | |
| | cille | | | Cash | V Order Credit/Deb | | 783 | II ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 1 Font Hill Park | | Bloomfield | | СТ | 06002 | 05 | 5/20/2010 | | | | |
| Principal Occupation | | Name of Employer retired | - | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative | | | | | | | | tions 50.00 | \$50.00 | | |
| | st Name D bert | | МІ | Cash | contribution: X Personal C Order Credit/Deb | | Contribution 779 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 338 N Quaker Ln | | West Hartford | | СТ | 06119 | | 5/20/2010 | | • | | |
| Principal Occupation President | | Name of Employer Barrieau Oil Company Inc. | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or pro- state contractor? Is yes, indicate which branch or branches of government the contract is with: | · — | Executive | | utor a lobbyist child of a lob es X | byist? | Aggres | gate Contribut \$1 | tions 00.00 | \$100.00 | | |
| Last Name First Moore Joh | st Name hn | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 789 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 25 Drury Ln | | West Hartford | | СТ | 06117 | 05 | 5/21/2010 | | | | |
| Principal Occupation attorney | | Name of Employer Travelers Insurance | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 19 L | Yes No | | | |
| Is contributor a principal of a state contractor or pro- state contractor? Is yes, indicate which branch or branches of government the contract is with: | ospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contribut \$1 | tions 50.00 | \$50.00 | | |
| | st Name evin | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 786 | n ID # | Amount of Contribution | | |
| Residential Street Address 31 Van Buren Ave | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/21/2010 | I | | | |
| Principal Occupation Insurance | | Name of Employer Sparta Insurance | _ | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Aggregate Contributions Yes X No Aggregate Contributions \$50.00 | | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|----------------------|---|----------|---|---|--------|---------------------------|---------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | ID# | | | |
| Glass | Harvey | | 1911 | Cash | V Order Credit/Deb | | 784 | 1 ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 1248 Farmington Ave . | | West Hartford | | СТ | 06107 | 05 | 5/21/2010 | | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative | | | | | | | | ions 25.00 | \$25.00 | | |
| Last Name Keliar | First Name Judith | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 785 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 400 Drummond Ave . | | Orange | | СТ | 06477 | 05 | 5/21/2010 | | | | |
| Principal Occupation social worker | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob es | byist? | Aggres | gate Contributi \$2 | ions 20.00 | \$20.00 | | |
| Last Name Moote | First Name Doug | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 787 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 52 High Farms Rd . | | West Hartford | | СТ | 06107 | 05 | 5/21/2010 | | | | |
| Principal Occupation Radiologist | | Name of Employer Jefferson Radiology | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 1 ₂ L | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributi \$10 | ions 00.00 | \$100.00 | | |
| Last Name Schpero | First Name Nancy | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 788 | n ID # | Amount of Contribution | | |
| Residential Street Address 12 Farm Hill Rd . | • | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/21/2010 | | | | |
| Principal Occupation housewife | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 1? H | Yes No | | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions | | | | | | | | | \$75.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|--|--|-----------|---|---|---------------------|---------------------------|---------------------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | als | | | | | | |
| Last Name | First Name | | МІ | Mathadach | contribution: | | | | | | |
| mcmahon | gregory | | NII - | Cash | v Order X Credit/Deb | Contribution 806 | ID # | Amount of Contribution | | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 3 Stratford Rd | | West Hartford | | СТ | 06117 | 05 | 5/21/2010 | | | | |
| Principal Occupation mediator / arbitrator | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | Is yes, indicate which branch or branches of | | | | | | | | \$100.00 | | |
| Last Name Guenter | First Name Doris | 1 | МІ | Method of o Cash Money | contribution: X Personal C Order Credit/Deb | | Contribution 790 | ID # | Amount of Contribution | | |
| Residential Street Address 52 Wood Pond Rd . | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/22/2010 | | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributio \$10 | ons)0.00 | \$100.00 | | |
| Last Name Guenter | First Name Raymond | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 791 | ID # | Amount of Contribution | | |
| Residential Street Address 52 Wood Pond Rd . | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/22/2010 | | | | |
| Principal Occupation attorney | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$10 | ons 00.00 | \$100.00 | | |
| Last Name Quinlan | First Name Sue | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 793 | ID # | Amount of Contribution | | |
| Residential Street Address 68 Long Lots Ln | | City Westport | | State CT | Zip Code 06880 | | ate Received 5/23/2010 | | | | |
| Principal Occupation psychologist | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No Executive Legislative | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributio \$10 | ons)0.00 | \$100.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|--|---|----------|---|--|-------------------------|-----------------------|----------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | n ID # | | | |
| Quinlan | Colin | | | Cash | V Order Credit/Deb | | 794 | II ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 68 Long Lots Ln | | Westport | | СТ | 06880 | 0 | 5/23/2010 | | | | |
| Principal Occupation Bookseller | | Name of Employer Barnes & Noble | | | Is this contribution associa fundraising event listed in If yes, list Event # | | Yes No | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | Is yes, indicate which branch or branches of | | | | | | | | \$100.00 | | |
| Last Name Wellington | First Name Dale | | МІ | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 792 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 50 Beechtree Ln | | West Hartford | | СТ | 06107 | | 5/23/2010 | | • | | |
| Principal Occupation Physician | | Name of Employer Resilance Healthcare Inc | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob res | byist? | Aggrey | gate Contribut \$1 | tions 00.00 | \$100.00 | | |
| Last Name Dondes | First Name Rosalind | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 35 Osage Rd . | | West Hartford | | СТ | 06117 | 0 | 5/24/2010 | | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 19 L | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es X | byist? | Aggre | gate Contribut \$2 | tions 20.00 | \$20.00 | | |
| Last Name Belliveau | First Name Robert | | МІ | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution | n ID # | Amount of Contribution | | |
| Residential Street Address 361 Mountain Rd . Principal Occupation Social Worker | <u> </u> | City West Hartford Name of Employer Self | I | State CT | Zip Code 06107 Is this contribution associa fundraising event listed in If yes, list Event # | Da 0! ated with a | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No | | | | | | | | | \$50.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|--|---|---|---|---|---------------|---------------------------|---------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contributio | ons from | Individu | ials | | | | | | |
| Last Name | First Name | | MI | Method of a | contribution: | | Contributior | n ID # | | | |
| Belliveau | Martha | | | Cash | V Order Personal C Credit/Deb | | 796 | n 110 # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Date Received | | | | | |
| 361 Mountain Rd . | | West Hartford | | СТ | 06107 | 05 | 5/25/2010 | | | | |
| Principal Occupation social worker | | Name of Employer Village for Families and Childr | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | | | | Yes No | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | Is yes, indicate which branch or branches of | | | | | | | | \$50.00 | | |
| Last Name Teitelman | First Name Robert | | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 807 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | | ate Received | | | | |
| 62 Brewster Rd | | West Hartford | | СТ | 06117 | | 5/25/2010 | | | | |
| Principal Occupation Attorney | | Name of Employer State of Connecticut | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No Executive Legislative | | utor a lobbyist child of a lob es X | byist? | Aggres | gate Contributi \$10 | ions 00.00 | \$100.00 | | |
| Last Name Talit | First Name Lynn | | MI | Cash | contribution: X Personal C v Order Credit/Deb | | Contribution 798 | n ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 1978 Asylum Ave . | | West Hartford | | СТ | 06117 | 05 | 5/25/2010 | | • | | |
| Principal Occupation English Professor | | Name of Employer CCSU | | | Is this contribution associa fundraising event listed in If yes, list Event # | | 12 L | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es | byist? | Aggreg | gate Contributi \$10 | ions 00.00 | \$100.00 | | |
| Last Name Sorokin | First Name Ethel | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 799 | n ID # | Amount of Contribution | | |
| Residential Street Address 139 Haynes Rd . | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 5/25/2010 | | | | |
| Principal Occupation | | Name of Employer retired | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is contributor a lobbyist? Is contributor a lobbyist? \$25.00 government the contract is with: Executive Legislative Yes No | | | | | | | | | \$25.00 | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|--|--|---|-----------|---|---|---------------------|---------------------------|---------------------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | ials | | F | | | | |
| | [| | ſ | 1 | | | t | | | | |
| Last Name Truebig | First Name Beverly | | MI | Cash | contribution: Personal C Order X Credit/Deb | Contribution 800 | n ID # | Amount of Contribution | | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 23 Shady Brook Dr . | | West Hartford | | СТ | 06107 | 05 | 5/25/2010 | | | | |
| Principal Occupation | | Name of Employer Homemaker | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | Is yes, indicate which branch or branches of | | | | | | | | \$40.00 | | |
| Last Name Reed | First Name Jack | | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 808 | n ID # | Amount of Contribution | | |
| Residential Street Address 22 Stonegate | | City Unionville | | State CT | Zip Code 06085 | | ate Received 5/25/2010 | | | | |
| Principal Occupation Healthcare Management | | Name of Employer Prohealth Physicisans | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | dependent | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributio \$10 | ions 00.00 | \$100.00 | | |
| Last Name Reed | First Name Mary Grad | ce | MI | Cash | contribution: X Personal C y Order Credit/Deb | | Contribution 809 | n ID # | Amount of Contribution | | |
| Residential Street Address 22 Stonegate | | City Unionville | | State CT | Zip Code 06085 | | ate Received 5/25/2010 | | | | |
| Principal Occupation consultant | | Name of Employer self | | | Is this contribution associa fundraising event listed in If yes, list Event # | ated with a | a 🔲 | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive Legislative | | utor a lobbyist child of a lob res | byist? | Aggres | gate Contributio \$10 | ions 00.00 | \$100.00 | | |
| Last Name Giannaros | First Name Demetrios | 5 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 810 | n ID # | Amount of Contribution | | |
| Residential Street Address 56 Basswood Rd . | | City West Hartford | | State CT | Zip Code 06032 | | ate Received 5/26/2010 | | | | |
| Principal Occupation State Rep/professor | | Name of Employer CT General Assembly/Univers Hartford | sity of | - | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legi | | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|--|---|-----------|---|---|--------|---------------------------|---------------|---------------------------|--|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | | | | | | | | Origina | al 07/12/2010 | | |
| | | B. Itemized Contribution | ons from | Individu | ials | | | | | | |
| Last Name | First Name | | MI | Method of | contribution: | | Contribution | ID // | | | |
| Eagan | Judith | | 1011 | Cash | y Order Credit/Debit Card | | | 1 ID # | Amount of Contribution | | |
| Residential Street Address | | City | | State | Zip Code | Da | ate Received | | | | |
| 100 Westminster Dr . | | West Hartford | | СТ | 06107 | 05 | 5/27/2010 | | | | |
| Principal Occupation Paralegal | | Name of Employer Eagan, Donahue, D'Occhio, & | Falsey | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | Is yes, indicate which branch or branches of Frequencies I Logislative V as X No. | | | | | | | | \$75.00 | | |
| Last Name Hickey | First Name Brandon | 1 | MI | Cash | contribution: X Personal C / Order Credit/Deb | | Contribution 812 | n ID # | Amount of Contribution | | |
| Residential Street Address 2791 Albany Ave | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 5/27/2010 | | | | |
| Principal Occupation attorney | | Name of Employer | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Yes X No | dependent | utor a lobbyist child of a lob res | byist? | Aggres | gate Contributi \$5 | ions 50.00 | \$50.00 | | |
| Last Name Dunn | First Name Joshua | | MI | Cash | contribution: Personal C Order X Credit/Deb | | Contribution 813 | n ID # | Amount of Contribution | | |
| Residential Street Address 100 High Farms Rd | | City West Hartford | | State CT | Zip Code 06107 | | ate Received 5/28/2010 | | | | |
| Principal Occupation Financial Advisor | | Name of Employer Morgan Stanley | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob es X | byist? | Aggreg | gate Contributi \$10 | ions 00.00 | \$100.00 | | |
| Last Name Kletter | First Name Dylan | | MI | Cash | contribution: Personal C v Order X Credit/Deb | | Contribution 814 | n ID # | Amount of Contribution | | |
| Residential Street Address 116 Richmond Ln | | City West Hartford | | State CT | Zip Code 06117 | | ate Received 6/03/2010 | | | | |
| Principal Occupation Attorney | | Name of Employer Brown Rudnick LLP | | | Is this contribution associa fundraising event listed in If yes, list Event # | | | Yes No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative X No Aggregate Contributions dependent child of a lobbyist? Yes X No Yes X No | | | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | | | |
|---|-----------------------|---|----------|--|---|-------------------------|-----------|---------------------------|--|--|--|
| NAME OF COMMITTEE | | | | | | | FILING | G DUE DATE | | | |
| Jonathan Harris 2010* | | | | | | | Origin | al 07/12/2010 | | | |
| B. Itemized Contributions from Individuals | | | | | | | | | | | |
| Last Name filomeno | First Name thomas | | MI | Cash | ontribution: Personal Cl Order X Credit/Debi | 815 | ion ID # | Amount of Contribution | | | |
| Residential Street Address 31 Bonny View Rd | | City West Hartford | | State CT | Zip Code 06107 | Date Received 06/05/201 | | | | | |
| Principal Occupation CPA | | Name of Employer Filomeno & Company, PC | | | Is this contribution associa fundraising event listed in If yes, list Event # | Section J1? | Yes No | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob res | byist? | Aggregate Contrib | outions | \$100.00 | | | |
| Last Name Harris | First Name Avraham | | MI | Method of Cash | contribution: Personal Cl Order X Credit/Debi | 816 | ion ID # | Amount of Contribution | | | |
| Residential Street Address 8 Meadow St | | City Hadley | | State MA | Zip Code 01035 | Date Received 06/06/201 | | | | | |
| Principal Occupation Communications Director | | Name of Employer CT Secretary of the State | | | Is this contribution associa fundraising event listed in If yes, list Event # | Section J1? | Yes No | | | | |
| Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with: | or prospective | Executive | | utor a lobbyist child of a lob ⁷ es X | byist? | Aggregate Contrib | outions | \$100.00 | | | |
| | | | | | | Total of | Section B | \$22,792.00 | | | |
| TOTAL OF ALL CONTRIBU | JTIONS FI | ROM INDIVIDUALS | (Section | ons A & B) | (Total on Line 14 | of Summary Page) | | \$22,792.00 | | | |

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| | I. MONI | ETA | RY RECEI | PTS (S | ection A-I) | | | |
|---|-------------|------------|---|--------|-------------------------------------|-------------------------|------------|------------------------|
| NAME OF COMMITTEE | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | Original | 07/12/2010 |
| С | 1. Contribu | tions | from Other | Commit | ttees | | | |
| Name of Committee Jonathan Harris 2010 | | | | | Name of Treasurer Eliott C Ponte | | | |
| Address 71 Emily Way | | | Is this contribution fundraising eve | | | Yes If yes, list Event | :# | Amount of Contribution |
| City West Hartford | State CT | Zip 061 | Code | | eceived)/2010 | Aggregate Contributions | ,433.00 | \$24,433.00 |
| Name of Committee Jonathan Harris 2010 | I | - | | | Name of Treasurer Eliott C Ponte | 1 | | |
| Address 71 Emily Way | | | Is this contribution fundraising eve | | | Yes If yes, list Event | :# | Amount of Contribution |
| City West Hartford | State CT | Zip 061 | Code 107 | | eceived 3/2010 | Aggregate Contributions | ,318.26 | \$1,318.26 |
| Name of Committee Jonathan Harris 2010 | I | _1 | | | Name of Treasurer Eliott C Ponte | I | | |
| Address 71 Emily Way | | | Is this contribution fundraising even | | | Yes If yes, list Event | # | Amount of Contribution |
| City West Hartford | State CT | Zip 061 | Code | | eceived 3/2010 | Aggregate Contributions | 947.01 | \$947.01 |
| | 1 | | | - | | Total of S | Section C1 | \$26,698.27 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|--|-------|-------------------|----------------------------------|-------|-------------------|--|--|--|--|
| NAME OF COMMITTEE | | | | FILIN | IG DUE DATE | | | | |
| Jonathan Harris 2010* Origi | | | | | | | | | |
| 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 | | | | | | |
| | | | <u> </u> | | | | | | |
| | | | Total of Section | n C2 | | | | | |

| | I. MONETARY RECEIP | TS (Section A-K |) | | | | | |
|----------------------------|----------------------------|-----------------|----------|-------------------------|---|--------------------|--|--|
| NAME OF COMMITTEE | | | | | FILING | DUE DATE | | |
| Jonathan Harris 2010* | Jonathan Harris 2010* | | | | | | | |
| | D. Loans Received this Per | iod | | | | | | |
| Name of Lender | | | | Source of Loan: Bank | Is there a cosigner or Guarantor of | Amount Received | | |
| Street Address | City | State | Zip Code | | this loan? Yes | | | |
| Name of Cosigner/Guarantor | | | | Other Committee | No | | | |
| Street Address | City | State | Zip Code | Date Received | | | | |
| Total of Section D | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | | |
|------------------------------------|---|---------------------------|----------------|----|--------------------|--|--|--|--|
| NAME OF COMMITTEE | NAME OF COMMITTEE FILING DUE DATE | | | | | | | | |
| Jonathan Harris 2010* | | | | 0 | riginal 07/12/2010 | | | | |
| | E. Personal Funds of the Candidate Received this Period | | | | | | | | |
| Date Received | Amount | Method of Payment Cash | Personal Check | Cr | edit/Debit Card | | | | |
| | | | | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | | | | | |
|------------------------------------|--|--|-------|--------|--|--|--|--|
| NAME OF COMMITTEE FILIN | | | | | | | | |
| Jonathan Harris 2010* | Jonathan Harris 2010* | | | | | | | |
| | F. Anonymous Contributions | | | | | | | |
| Date Received | ed \$1 bills \$5 bills \$10 bill coins | | coins | Amount | | | | |
| | | | | | | | | |

| I. Monetary Receipts (Section A-I) | | | | | | | | |
|--|---|---------------|-------|----------|--|--------------------------|--|--|
| NAME OF COMMITTEE | FILI | NG DUE DATE | | | | | | |
| Jonathan Harris 2010* | 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 DAT | | | | | | | | | |
| Jonathan Harris 2010* | Jonathan Harris 2010* Or | | | | | | | | |
| H. Public Grant Funds Received from the Citizen's Election Fund | | | | | | | | | |
| Purpose of Grant: Initial Primary General or Special Election | Supplemental/Independent Expenditure Primary General or Special Election | Date Received | Amount | | | | | | |
| Supplemental/Post Election Deficit General or Special Election | Supplemental/Excess Expenditure Primary General or Special Election | | | | | | | | |
| | | Total of Section | н | | | | | | |

| I. MONETARY RECEIPTS (Section A-K) | | | | | | | | |
|--|-----------------|-------------|-------------------|-------|--------------------|--|--|--|
| NAME OF COMMITTEE | FILING DUE DATE | | | | | | | |
| Jonathan Harris 2010* | | | (| Origi | nal 07/12/2010 | | | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | | | | | | | |
| Name Wal-Mart | | | saction 10 | | Amount Received | | | |
| Street Address 255 W Main St | City Avon | State CT | Zip Code 06001 | | | | | |
| Description Items returned to Wal-Mart previously purchased by the comm | | \$218.00 | | | | | | |
| | | | Total of Secti | ion I | \$218.00 | | | |

| | II. FUNDRAISING | G EVENT ACTIVITY | | | | | |
|---|---|--------------------------|-------|----------|---------------------|----------|--|
| NAME OF | | | | | FILING DUE | DATE | |
| COMMITTEE Jonathan Harris 20 | 10* | | | | Original 07/12/2010 | | |
| | J1. Fundra | uising Event Information | | | | | |
| Fundraising Event # Date of Fundraiser Letter | Description | Location: Street Address | City | | State | Zip Code | |
| 04/18/2010 A | Meet and Greet Event | 74 Farmstead Ln | West | Hartford | СТ | 06117 | |
| Was this fundraising event h | osted at a personal residence? | | X Yes | No | | | |
| Did this fundraiser include ite items donated by an individu | X Yes | No | | | | | |
| Was this fundraiser a tag sale | , auction, or other sale of donated items? | | Yes | X No | | - | |
| Fundraising Event # Date of Fundraiser Letter | Description | Location: Street Address | City | | State | Zip Code | |
| 05/07/2010 B | Meet and Greet Event | 17 Eastview St | West | Hartford | СТ | 06107 | |
| Was this fundraising event h | osted at a personal residence? | X Yes | No | | | | |
| Did this fundraiser include ite items donated by an individu | Yes | X _{No} | | | | | |
| Was this fundraiser a tag sale | , auction, or other sale of donated items? | | Yes | X No | | | |
| Fundraising Event # Date of Fundraiser Letter | Description | Location: Street Address | City | | State | Zip Code | |
| 05/11/2010 C | Meet and Greet Event | 103 Brookmoor Rd | Avon | | СТ | 06001 | |
| Was this fundraising event h | osted at a personal residence? | | X Yes | No | | | |
| Did this fundraiser include ite items donated by an individu | ems donated by a business entity of up to \$100 or al of up to \$50? | | X Yes | No | | | |
| Was this fundraiser a tag sale | , auction, or other sale of donated items? | | Yes | X No | | | |
| Fundraising Event # Date of Fundraiser Letter | Description | Location: Street Address | City | | State | Zip Code | |
| 05/12/2010 D | Meet and Greet Event | 118 Mountain Rd | West | Hartford | СТ | 06107 | |
| Was this fundraising event h | osted at a personal residence? | | X Yes | No | | | |
| Did this fundraiser include ite items donated by an individu | ems donated by a business entity of up to \$100 or al of up to \$50? | | X Yes | No | | | |
| Was this fundraiser a tag sale | , auction, or other sale of donated items? | | Yes | X No | | | |
| Fundraising Event # Date of Fundraiser Letter | Description | Location: Street Address | City | | State | Zip Code | |
| 05/13/2010 E | Meet and Greet Event | 116 W Avon Rd | Union | ville | СТ | 06085 | |
| Was this fundraising event h | osted at a personal residence? | | X Yes | No | | | |
| Did this fundraiser include ite items donated by an individu | ems donated by a business entity of up to \$100 or al of up to \$50? | | Yes | X No | | | |
| Was this fundraiser a tag sale | e, auction, or other sale of donated items? | | Yes | X No | | | |

| II. FUNDRAISING EVENT ACTIVITY | | | | | | | | | | | |
|--|--|--------------------------|-------|---------------|------------|----------|-------|--|--|--|--|
| NAME OF | | | | | FILING I | DUE | DATE | | | | |
| COMMITTEE Jonathan Harris 20 | 10* | | | | Original (|)7/12 | /2010 | | | | |
| J1. Fundraising Event Information | | | | | | | | | | | |
| Fundraising Event # Date of Fundraiser Letter | Description | Location: Street Address | | | State | Zip Code | | | | | |
| 05/14/2010 F | Meet and Greet Event | 51 Lemay St | | West Hartford | | СТ | 06107 | | | | |
| Was this fundraising event he | • osted at a personal residence? | | X Yes | No 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? | | | | | | | | | | | |
| Was this fundraiser a tag sale | , auction, or other sale of donated items? | | Yes | s X No | | | | | | | |
| | | | | | | | | | | | |

| II. FUNDRAISING EVENT ACTIVITY | | | | | | | | | |
|---|------------|-------|---|---------------|---------------|---------|-------------------------------------|--|--|
| NAME OF COMMITTEE | | | | | | FILING | G DUE DATE | | |
| Jonathan Harris 2010* | | | | | | Origin | al 07/12/2010 | | |
| J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items | | | | | | | | | |
| Name of the Purchaser Last Name (Individuals ONLY) | First Name | MI | I Method of payment: Cash Personal Check Credit/Debit Card | | | | Aggregate Amount of Purchases | | |
| Residential Street Address | Citv | State | Zip Code | Date Received | Event # | | | | |
| tems Purchased | | | | | | | | | |
| | | | | | Total of Sect | tion J2 | | | |

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| II. FUNDRAISING EVENT ACTIVITY | | | | | | | | |
|--|----------------------------------|--|------------------|------------|--------------------|---------------------------------|------------|-------------------------------------|
| NAME OF COMMITTEE | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | Origina | al 07/12/2010 |
| J3. In-Kind Donations Not Considered Contributions | | | | | | | | |
| Name of the Donor | | | | | Donation G | iven by: | | Fair Market |
| Judy Singer | I | | | | X Indivi | dual Busine | ess Entity | Value of Donation |
| Street Address 74 Farmstead Ln | City West Hartford | | State CT | Zip 061 | Code 17 | Aggregate valu for this even | | |
| Description of Donation Snacks, Soda, Coffee, Napkins, Plates | | | Receive 18/20 | | Event # 041810A | | | \$50.00 |
| Name of the Donor Ellie Goldberg | | | | | Donation G | | ess Entity | Fair Market Value of Donation |
| Street Address 103 Brookmoor Rd | City Avon | | State CT | Zip 060 | Code 01 | Aggregate valu for this even | | |
| Description of Donation Snacks, Soda, Coffee, Napkins, Plates | | | Receive | | Event # 051110C | | | \$50.00 |
| Name of the Donor Candice Fisher | | | - | | Donation G | _ | ess Entity | Fair Market Value of Donation |
| Street Address 118 Mountain Rd | ^{City} West Hartford | | State CT | Zip 061 | Code 07 | Aggregate valu for this even | | |
| Description of Donation Snacks, Soda, Coffee, Napkins, Plates | | | Receive | | Event # 051210D | | | \$50.00 |
| Name of the Donor Nuala Droney | | | | | Donation G | | ess Entity | Fair Market Value of Donation |
| Street Address 51 Lemay St | City West Hartford | | State CT | Zip 061 | Code 07 | Aggregate valu for this even | | |
| Description of Donation Snacks, Soda, Coffee, Napkins, Plates | | | Receive | | Event # 051410F | | | \$50.00 |
| Name of the Donor | | | | | Donation G | iven by: | | Fair Market |
| Robert Durbin | 1 | | 1 | 1 | X Indivi | | ess Entity | Value of Donation |
| Street Address 51 Lemay St | City West Hartford | | State CT | Zip 061 | Code 07 | Aggregate valu for this even | | |
| Description of Donation Snacks, Soda, Coffee, Napkins, Plates | | | Receive | | Event # 051410F | | | \$50.00 |
| | | | | | | Total of Se | ction J3 | \$250.00 |

| III. NONMONETARY RECEIPTS | | | | | | | | | |
|--|--|----------|------|----------------------------------|--|----------|-----------------|--------------------------|--|
| NAME OF COMMITTEE | | | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | | | | | | | | Original | 07/12/2010 |
| K. In-Kind Contributions | | | | | | | | | |
| Name | | | | | | | Date Receive | ed | Fair Market Value of this Contribution |
| Street Address | | City | | | State | Zip Code | | | |
| Type of Contributor: Individual Committee | Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Ye No | | contractor? | If yes, indicate which branch or branches of | | | Yes No Legislative | |
| Is this contribution associated with a fund- listed in Section J1? If yes, list Event# | raising event Yes | 3 | Desc | cription of In-Kind Contribution | | | Aggregate contr | ibutions | |
| | 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 | | | Date Received | Amount of Deposit | | | | | | |
| Street Address | City | | State | Zip Code | | | | | | | |
| Name of Telephone company | | | | | | | | | | | |
| Street Address | City State Zip Code | | | | | | | | | | |
| | L | | | | | | | | | | |

| III. NONMONETARY RECEIPTS | | | | | | | | | | | |
|--|-------|------------------------------|--|--------|---------------|-----|-------------------------------------|--|--|--|--|
| NAME OF COMMITTEE | F | ILING DUE DATE | | | | | | | | | |
| Jonathan Harris 2010* | | | | | | 0 | riginal 07/12/2010 | | | | |
| M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee | | | | | | | | | | | |
| Name of Committee | | | | | | | | | | | |
| Street Address | | | | Date N | otice Receive | ed. | Fair Market Value of Donation | | | | |
| City | State | Zip Code Aggregate Donations | | | s | | | | | | |
| Description of Donation Purpose of Expenditure A B C D E | | | | | | | | | | | |
| Total of Section M | | | | | | | | | | | |

| | IV. EXPENDITURES | | | | | | | |
|---|-------------------------------|-------------|-------------------|-------------------------------|----------------|-------|----------------|--|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE | |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 | |
| | N. Expenses Paid By Committee | | | | | | | |
| Name of Payee Webster Bank | | | | Date of Payment 04/07/2010 | Method of Payr | ment | Amount | |
| Street Address 65 Lasalle Rd | City West Hartford | State CT | Zip Code 06107 | Purpose of Expenditure OVHD | Debit Car | d | | |
| Description Cost to order Checks | | | • | • | Event # | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | Jame | | Office Sought | I | | | |
| X No | | | | | | | \$82.55 | |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount | |
| CompleteCampaigns.com | | | | 04/14/2010 | X Check # | | | |
| Street Address 3635 Ruffin Rd , | City San Diego | State CA | Zip Code 92123 | Purpose of Expenditure WEB | Debit Car | d | | |
| Description | Sall Diego | 0/1 | 52125 | | Event # | | | |
| Online Credi Card Processing | | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | lame | | Office Sought | | | | |
| X No | | | | | | | \$37.50 | |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount | |
| CompleteCampaigns.com | | | | 04/18/2010 | X Check # | | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | | |
| 3635 Ruffin Rd , | San Diego | CA | 92123 | WEB | Debit Car | ď | | |
| Description Event # Online Credi Card Processing | | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | lame | | Office Sought | 1 | | | |
| Yes X No | | | | | | | \$34.88 | |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------|-------------------|-------------------------------|----------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Committee | | | | | | |
| Name of Payee CompleteCampaigns.com | | | | Date of Payment 04/20/2010 | Method of Pays | ment | Amount |
| Street Address 3635 Ruffin Rd , | Street Address City State Zip Code Purpose of Expendence | | | | | ď | |
| Description Online Credi Card Processing | | | | · | Event # | | |
| which reimbursement is sought? Yes | Yes | | | | | | |
| X No | | | | | | | \$7.50 |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| CompleteCampaigns.com | | <u> </u> | | 04/22/2010 | X Check # | | |
| Street Address | City | State CA | Zip Code 92123 | Purpose of Expenditure WEB | Debit Car | ď | |
| 3635 Ruffin Rd , Description | San Diego | CA | 92125 | WLD | Event # | | |
| Online Credi Card Processing | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | r Other Candidate(s) N | lame | | Office Sought | 1 | | |
| X No | | | | | | | \$2.25 |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| Webster Bank | | | | 04/24/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | Debit Car | .4 | |
| 65 Lasalle Rd | West Hartford | СТ | 06107 | BNK | | u | |
| Description Bounced Check Fee | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$10.00 |

| IV. EXPENDITURES | | | | | | | |
|---|-------------------------------|-------------|-------------------|-------------------------------|-----------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Committee | | | | | | |
| Name of Payee Webster Bank | | | | Date of Payment 04/24/2010 | Method of Pays | ment | Amount |
| Street Address 65 Lasalle Rd | City West Hartford | State CT | Zip Code 06107 | Purpose of Expenditure BNK | Debit Car | rd | |
| Description Bounced Check Fee | | | | · | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | r Other Candidate(s) N | lame | | Office Sought | 1 | | \$10.00 |
| X No | | | | | | | |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| Jason Paul | | - | | 04/24/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>93</u> | | |
| 20 Northmoor | West Hartford | СТ | 06117 | RCW | Debit Car | rd | |
| Description Stamps for mailer and office supplies | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | r Other Candidate(s) N | ame | | Office Sought | 1 | | |
| Yes X No | | | | | | | \$562.88 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Aaron Frankel | | - | | 04/24/2010 | X Check # | | |
| Street Address 28 Farmstead Ln | City West Hartford | State CT | Zip Code 06117 | Purpose of Expenditure RCW | 94 Debit Car | rd | |
| Description | | - | | | Event # | | |
| Food for Volunteers, office supplies, items | for mailer | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | ame | | Office Sought | | | \$900.55 |

| IV. EXPENDITURES | | | | | | | |
|---|-------------------------------|-------|----------|-------------------------------|-----------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Committee | | | | | | |
| Name of Payee Magnani Press | | | | Date of Payment 04/24/2010 | Method of Pay | ment | Amount |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>95</u> | | |
| 120 New Park Ave | Hartford | ст | 06106 | A-SIGN | Debit Car | ď | |
| Description Lawn Signs | | - | • | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | Yes | | | | | | |
| Name of Device | | | | Date of Payment | Method of Pay | mant | Amount |
| Name of Payee | | | | | | ment | Amount |
| Magnani Press | | | | 04/24/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 96 Debit Car | -d | |
| 120 New Park Ave | Hartford | СТ | 06106 | OFFICE | | u | |
| Description Letterhead, envelopes, and Campaign Stic | kers | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | lame | | Office Sought | | | |
| Yes X No | | | | | | | \$1,841.22 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Barile Printers | | | | 04/24/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>97</u> | | |
| 43 Viets St | New Britain | СТ | 06053 | A-DM | Debit Car | ď | |
| Description Post Cards for mailer | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | Jame | | Office Sought | | | \$206.70 |
| x _{No} | | | | | | | |

| | IV. EXPENDITURES | | | | | | | |
|---|-------------------------------|-------------|-------------------|-------------------------------|-----------------|-------|----------------|--|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE | |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 | |
| | N. Expenses Paid By Committee | | | | | | | |
| Name of Payee CompleteCampaigns.com | | | | Date of Payment 04/27/2010 | Method of Pays | ment | Amount | |
| Street Address 3635 Ruffin Rd , | City San Diego | State CA | Zip Code 92123 | Purpose of Expenditure WEB | Debit Car | rd | | |
| Description Online Credi Card Processing | | - | | | Event # | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | Yes | | | | | | \$15.00 | |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount | |
| CompleteCampaigns.com | C' | ~ | | 04/30/2010 | X Check # | | | |
| Street Address 3635 Ruffin Rd , | City San Diego | State CA | Zip Code 92123 | Purpose of Expenditure WEB | Debit Car | rd | | |
| Description | | - | | | Event # | | | |
| Online Credi Card Processing | | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | ame | | Office Sought | | | \$26.25 | |
| x No | | | | 1 | 1 | | \$20.25 | |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount | |
| Jason Paul | | | | 04/30/2010 | X Check # | | | |
| Street Address 20 Northmoor | City West Hartford | State CT | Zip Code 06117 | Purpose of Expenditure RCW | 99 Debit Car | rd | | |
| Description | | | Į | | Event # | | | |
| Items for fundrasier, office supplies, stam | ps, items for mailer | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | or Other Candidate(s) N | ame | | Office Sought | | | \$2,358.58 | |

| | IV. EXPENDITURE | S | | | | | |
|---|-------------------------------|-------------|-------------------|--------------------------------|-----------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Committee | | | | | | |
| Name of Payee Barile Printers | | | 1 | Date of Payment 04/30/2010 | Method of Pay | ment | Amount |
| Street Address 43 Viets St | City | State CT | Zip Code 06053 | Purpose of Expenditure A-DM | 98 Debit Car | rd | |
| Description Post Cards for mailer | New Britain | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | Yes | | | | | | \$594.55 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Devin Guglietta | | | | 05/02/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>100</u> | | |
| 27 Brainley Rd | West Hartford | ст | 06110 | RCW | Debit Car | rd | |
| Description Items for mailer | | | • | - | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$466.85 |
| X No Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| CompleteCampaigns.com | | | | 05/02/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 3635 Ruffin Rd , | San Diego | CA | 92123 | WEB | Debit Car | rd | |
| Description Online Credi Card Processing | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$6.45 |

| IV. EXPENDITURES | | | | | | | |
|---|------------------------|-------------|-------------------|--------------------------------|-------------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee CompleteCampaigns.com | | | | Date of Payment 05/04/2010 | Method of Pays | ment | Amount |
| Street Address 3635 Ruffin Rd , | City San Diego | State CA | Zip Code 92123 | Purpose of Expenditure WEB | Debit Car | ď | |
| Description Online Credi Card Processing | | | • | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | Yes | | | | | | \$35.63 |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| CompleteCampaigns.com | | | | 05/08/2010 | X Check # | | |
| Street Address 3635 Ruffin Rd , | City San Diego | State CA | Zip Code 92123 | Purpose of Expenditure WEB | Debit Car | ď | |
| Description | | 0,1 | | | Event # | | |
| Online Credi Card Processing | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | r Other Candidate(s) N | Jame | | Office Sought | | | |
| X No | | | | 1 | 1 | | \$7.50 |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| Aaron Frankel | | <u> </u> | | 05/10/2010 | X Check # | | |
| Street Address 28 Farmstead Ln | City West Hartford | State CT | Zip Code 06117 | Purpose of Expenditure WAGE | 1003 Debit Car | ď | |
| Description Wages from 4/1 to 4/28 Aaron | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$1,480.99 |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------|----------|------------------------|---------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| | | | | | 1 | | [|
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | | | 05/10/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | WAGE | Debit Car | rd | |
| Description | | | • | | Event # | | |
| Fed/State Taxes withheld to Payroll Servic | ce in the second se | | | | | | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | r Other Candidate(s) N | lame | | Office Sought | | | |
| Yes | | | | | | | \$251.00 |
| X No | | | | | | | |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | | | 05/10/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | WAGE | Debit Car | rd | |
| Description | | | | | Event # | | |
| Employer Tax to Payroll Service | | | | | | | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | lame | | Office Sought | | | |
| Yes X No | | | | | | | \$173.25 |
| X No | | | | | | | |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | Γ | | | 05/10/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | WAGE | Debit Car | rd | |
| Description Event # | | | | | | | |
| Fed/State Taxes withheld to Payroll Service | | | | | | | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | |
| Yes X No | | | | | | | \$519.01 |

| IV. EXPENDITURES | | | | | | | |
|---|-------------------------------|-------------|-------------------|--------------------------------|---------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Committee | | | | | | |
| Name of Payee SurePayroll | | | | Date of Payment 05/10/2010 | Method of Pay | ment | Amount |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | |
| Description Employer Tax to Payroll Service | | • | • | · | Event # | | • |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | r Other Candidate(s) N | lame | | Office Sought | | | \$231.00 |
| X No | | | | | | | |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | <u> </u> | | 05/10/2010 | X Check # | | |
| Street Address 2350 Ravine Way | City | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | |
| Description | Glenview | | 00025 | WAGL | Event # | | |
| Fed/State Taxes withheld to Payroll Servic | e | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | r Other Candidate(s) N | lame | | Office Sought | 1 | | |
| Yes X No | | | | | | | \$442.66 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | | 1 | 05/10/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | WAGE | Debit Car | rd | |
| Description Employer Tax to Payroll Service | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$196.35 |

| | IV. EXPENDITURE | S | | | | | |
|---|-------------------------------|-------|----------|----------------------------|----------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Committee | | | | | | |
| Name of Payee Jason Paul | | | | Date of Payment 05/10/2010 | Method of Pays | ment | Amount |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1004</u> | | |
| 20 Northmoor | West Hartford | СТ | 06117 | WAGE | Debit Car | ď | |
| Description Wages from 4/1 to 4/28 Jason | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$1,257.34 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Magnani Press | | | | 05/10/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1002</u> | | |
| 120 New Park Ave | Hartford | ст | 06106 | OFFICE | Debit Car | ď | |
| Description | | - | • | • | Event # | | |
| Campaign letterheads and envelopes | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | lame | | Office Sought | I | | |
| X No | | | | | | | \$581.94 |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| Helen Rubino-Turco | | - | _ | 05/10/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1005</u> | | |
| 17 Eastview St | West Hartford | СТ | 06107 | WAGE | Debit Car | ď | |
| Description Wages for Helen for April | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | or Other Candidate(s) N | Jame | | Office Sought | | | \$1,249.00 |

| IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------|----------|----------------------------|--------------------------|-------|-------------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Connecticut Democratic State Central Con | nmittee | | | Date of Payment 05/10/2010 | Method of Pay | ment | Amount |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1001</u> Debit Car | -d | |
| 179 Allyn St | Hartford | СТ | 06103 | POC | F | a | |
| Description Payment for Campaign Table Outside of JJ | В | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | Jame | | Office Sought | 1 | | |
| Yes X No | | | | | | | \$50.00 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Barker Specialty | 1 | | 1 | 05/10/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1006</u> | | |
| 27 Realty Dr | Cheshire | СТ | 06410 | A-SIGN | Debit Car | rd | |
| Description Banner for Campaign | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for | or Other Candidate(s) N | lame | | Office Sought | | | |
| which reimbursement is sought? Yes X No | | | | | | | \$482.30 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | - | _ | 05/12/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | OVHD | Debit Car | rd | |
| Description Service Fee for Payroll Service | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | Jame | | Office Sought | | | \$45.75 |
| X No | | | | | | | + · · · · · · · · |

| IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------------|-------------------|-------------------------------|--------------------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee CompleteCampaigns.com | | | | Date of Payment 05/16/2010 | Method of Pays | ment | Amount |
| Street Address 3635 Ruffin Rd , | City San Diego | State CA | Zip Code 92123 | Purpose of Expenditure WEB | Debit Car | rd | |
| Description Online Credi Card Processing | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | \$9.38 |
| X No | | | | Data of Decouvert | Mathad a f Dave | | |
| Name of Payee Jason Paul | | | | Date of Payment 05/16/2010 | Method of Pays | ment | Amount |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1009</u> | | |
| 20 Northmoor | West Hartford | СТ | 06117 | WAGE | Debit Car | rd | |
| Description Wages from 4/29 to 5/12 Jason | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | r Other Candidate(s) N | lame | | Office Sought | | | |
| X No | | | | | I | | \$693.44 |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| Aaron Frankel | | | 1 | 05/16/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1007</u> Debit Car | -d | |
| 28 Farmstead Ln | West Hartford | СТ | 06117 | WAGE | | u | |
| Description Wages from 4/29 to 5/12 Aaron | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$823.16 |

| IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------------|-------------------|---|---|--------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Devin Guglietta Street Address 27 Brainley Rd Description Wages from 4/19 to 5/12 Devin | City West Hartford | State CT | Zip Code 06110 | Date of Payment 05/16/2010 Purpose of Expenditure WAGE | Method of Payr X Check # 1008 Debit Car Event # | | Amount |
| Wages from 4/19 to 5/12 Devin Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes X No | | | | | | | \$596.94 |
| | | | | Method of Pays | ment | Amount | |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure | Debit Car | rd | |
| Description Fed/State Taxes withheld to Payroll Servic | e | | • | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$176.84 |
| Name of Payee SurePayroll | | | | Date of Payment 05/17/2010 | Method of Pays | ment | Amount |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | |
| Description Employer Tax to Payroll Service | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$115.50 |

| IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------------|-------------------|--------------------------------|---------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee SurePayroll | | | | Date of Payment 05/17/2010 | Method of Pay | ment | Amount |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | |
| Description Fed/State Taxes withheld to Payroll Servic | e | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | Jame | | Office Sought | | | |
| X No | | | | | 1 | | \$156.56 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | | | 05/17/2010 | X Check # | | |
| Street Address | City | State | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | |
| 2350 Ravine Way Description | Glenview | IL | 00025 | WAGE | Event # | | |
| Employer Tax to Payroll Service | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | lame | | Office Sought | 1 | | |
| Yes X No | | | | | | | \$98.18 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | | | 05/17/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | WAGE | Debit Car | rd | |
| Description Event # Fed/State Taxes withheld to Payroll Service | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | lame | | Office Sought | | | |
| X No | | | | | | | \$123.06 |

| | IV. EXPENDITURE | s | | | IV. EXPENDITURES | | | | | | |
|---|---------------------------|-------------|-------------------|--------------------------------|------------------|--------|----------------|--|--|--|--|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE | | | | |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 | | | | |
| | N. Expenses Paid By Commi | ttee | | | | | | | | | |
| Name of Payee SurePayroll | | | | Date of Payment | Method of Pays | ment | Amount | | | | |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | | | | | |
| Description Employer Tax to Payroll Service | | | | | Event # | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | Yes | | | | | | \$83.16 | | | | |
| Name of Payee Date of Payment M | | | | Method of Pays | ment | Amount | | | | | |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure | Debit Car | rd | | | | | |
| Description Service Fee for Payroll Service | | <u> </u> | <u>!</u> | 1 | Event # | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | or Other Candidate(s) N | Jame | | Office Sought | 1 | | \$36.50 | | | | |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount | | | | |
| CompleteCampaigns.com | | <u> </u> | | 05/19/2010 | X Check # | | | | | | |
| Street Address 3635 Ruffin Rd , | City San Diego | State CA | Zip Code 92123 | Purpose of Expenditure WEB | Debit Car | rd | | | | | |
| Description Online Credi Card Processing | | | | | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | or Other Candidate(s) N | Jame | | Office Sought | | | \$19.50 | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------------|-------------------|---|--|--------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Barker Specialty Street Address 27 Realty Dr Description | City Cheshire | State CT | Zip Code 06410 | Date of Payment 05/20/2010 Purpose of Expenditure Misc * | Method of Pay X Check # 1011 Debit Car Event # | | Amount |
| T-Shirts for convention Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X | | | | | | | \$617.50 |
| Name of Payee Date of Payment | | | | Method of Pay | ment | Amount | |
| Street Address 180 Johnson St | City Middletown | State CT | Zip Code 06457 | Purpose of Expenditure | <u>1010</u> Debit Car | rd | |
| Description Table, chair, and banner cost for convention | on | | • | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | or Other Candidate(s) N | lame | | Office Sought | | | \$768.50 |
| Name of Payee Mad Mimi | | | | Date of Payment 05/21/2010 | Method of Pay | ment | Amount |
| Street Address 1 Prospect Park SW | City Brooklyn | State NY | Zip Code 11215 | Purpose of Expenditure A-OTH | X Debit Car | rd | |
| Description Email Blast service | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$36.00 |

| IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------------|-------------------|----------------------------------|----------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee CompleteCampaigns.com | | | | Date of Payment | Method of Pays | ment | Amount |
| Street Address 3635 Ruffin Rd , | City San Diego | State CA | Zip Code 92123 | Purpose of Expenditure | Debit Car | ď | |
| Description Online Credi Card Processing | | 1 | • | | Event # | | |
| which reimbursement is sought? | | | | | | | \$7.50 |
| X No | | | | | 1 | | \$7.50 |
| Name of Payee | | | | Date of Payment | Method of Pays | ment | Amount |
| Wal-Mart 05/22/2010 | | | | | Check # | | |
| Street Address 495 Flatbush Ave | City | State CT | Zip Code 06106 | Purpose of Expenditure Misc * | X Debit Car | ď | |
| Description | Hartford | | 00100 | Mise | Event # | | |
| Polo Shirts for Convention | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | r Other Candidate(s) N | lame | | Office Sought | 1 | | |
| X No | | | | | _ | | \$274.00 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| CompleteCampaigns.com | | | | 05/25/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 3635 Ruffin Rd , | San Diego | CA | 92123 | WEB | Debit Car | ď | |
| Description Online Credi Card Processing | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$7.50 |

| IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------------|-------------------|--------------------------------|----------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee SurePayroll | | | | Date of Payment 05/26/2010 | Method of Pays | ment | Amount |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | |
| Description Fed/State Taxes withheld to Payroll Servic | e e | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | lame | | Office Sought | | | |
| X No | | | | | | | \$176.84 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | <u> </u> | | 05/26/2010 | X Check # | | |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | |
| Description | | | 1 | | Event # | | |
| Employer Tax to Payroll Service | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | Jame | | Office Sought | | | |
| Yes X No | | | | | | | \$115.50 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | | | 05/26/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | WAGE | Debit Car | rd | |
| Description Event # Fed/State Taxes withheld to Payroll Service | | | | | | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | |
| X No | | | | | | | \$156.56 |

| | IV. EXPENDITURE | s | | | IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------------|-------------------|--------------------------------|------------------|--------|----------------|--|--|--|--|--|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE | | | | | |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 | | | | | |
| | N. Expenses Paid By Commi | ttee | | | | • | | | | | | |
| Name of Payee SurePayroll | | | | Date of Payment | Method of Pay | ment | Amount | | | | | |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | | | | | | |
| Description Employer Tax to Payroll Service | | • | • | · | Event # | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | Yes | | | | | | \$98.18 | | | | | |
| Name of Payee Date of Payment M | | | | Method of Pay | ment | Amount | | | | | | |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure | Debit Car | rd | | | | | | |
| Description Fed/State Taxes withheld to Payroll Service | ļ. | I | | | Event # | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | r Other Candidate(s) N | Jame | | Office Sought | | | \$187.13 | | | | | |
| X No Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount | | | | | |
| SurePayroll | | | | 05/26/2010 | X Check # | | | | | | | |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure WAGE | Debit Car | rd | | | | | | |
| Description Employer Tax to Payroll Service | | | • | | Event # | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$110.88 | | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|---------------------------|-------------|-------------------|--------------------------------|---------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee SurePayroll | | | | Date of Payment | Method of Pay | ment | Amount |
| Street Address 2350 Ravine Way | City Glenview | State IL | Zip Code 60025 | Purpose of Expenditure OVHD | Debit Car | rd | |
| Description Service Fee for Payroll Service | | - | | | Event # | | |
| which reimbursement is sought? | | | | | | | \$38.35 |
| X No | | | | | 1 | | +50.00 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | i | | | 05/26/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | WAGE | Debit Car | rd | - |
| Description Fed/State Taxes withheld to Payroll Servic | ce | | | | Event # | | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | Jame | | Office Sought | | | |
| Yes X No | | | | | | | \$251.00 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| SurePayroll | | - | _ | 05/26/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 2350 Ravine Way | Glenview | IL | 60025 | OVHD | Debit Car | rd | |
| Description Employer Tax to Payroll Service | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | or Other Candidate(s) N | Jame | | Office Sought | | | \$173.25 |

| | IV. EXPENDITURE | S | | | | | |
|---|---------------------------|-------------|-------------------|---|------------------------------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | | |
| Name of Payee Jason Paul Street Address | City | State | Zip Code | Date of Payment 05/28/2010 Purpose of Expenditure | Method of Pay X Check # 1013 | ment | Amount |
| 20 Northmoor | West Hartford | CT | 06117 | WAGE | Debit Car | rd | |
| Description Wages from5/13 to 5/26 Jason | | 1 | ł | I | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$693.44 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| CompleteCampaigns.com | İ | <u> </u> | 1 | 05/28/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | Debit Car | | |
| 3635 Ruffin Rd , | San Diego | CA | 92123 | WEB | | u | |
| Description Online Credi Card Processing | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | - | | \$7.50 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Aaron Frankel | I | | 1 | 05/28/2010 | X Check # | | |
| Street Address 28 Farmstead Ln | City West Hartford | State CT | Zip Code 06117 | Purpose of Expenditure WAGE | <u>1012</u> Debit Car | rd | |
| Description Wages from 5/13 to 5/26 Aaron | 1 | | ł | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | <u> </u> | | \$823.16 |

| IV. EXPENDITURES | | | | | | | |
|--|-------------------------------|-------------|-------------------|---|--|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Committee | | | | | | |
| Name of Payee Helen Rubino-Turco Street Address 17 Eastview St Description | City West Hartford | State CT | Zip Code 06107 | Date of Payment 05/28/2010 Purpose of Expenditure WAGE | Method of Pay X Check # 1015 Debit Cat Event # | | Amount |
| Wages for Helen for May Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes X No | | | | | | | \$1,249.00 |
| Name of Payee | | | | Date of Payment 05/28/2010 | Method of Pay | ment | Amount |
| Mary Alyson Pilagin | City | G1 1 | 7 0 1 | | X Check # | | |
| Street Address 108 Cromwell St | Hartford | State CT | Zip Code 06114 | Purpose of Expenditure OFFICE | Debit Car | rd | |
| Description Garbage Bags Purchased by Volunteer | | I | <u> </u> | 1 | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$9.53 |
| Name of Payee Maureen Magnan | | | | Date of Payment 05/28/2010 | Method of Pay | ment | Amount |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1019</u> | | |
| 120 Elmfield St | West Hartford | СТ | 06110 | RCW | Debit Car | rd | |
| Description Cost of Cups for JJB | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$2,524.01 |

| | IV. EXPENDITURE | s | | | | | |
|---|---------------------------|-------|----------|-------------------------------|---------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | | |
| Name of Payee Patrick McGloin | | | | Date of Payment 05/28/2010 | Method of Pay | ment | Amount |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1020</u> | | |
| 75 Westland Ave | West Hartford | СТ | 06107 | RCW | Debit Car | rd | |
| Description Printed items for Dem Convention | | | - | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | \$260.19 |
| X No | | | | | | | |
| Name of Payee Date of Payment M | | | | | Method of Pay | ment | Amount |
| 101 South Street LLC | | | | 05/28/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1018</u> | | |
| PO Box 747 | Farmington | СТ | 06032 | OVHD | Debit Car | rd | |
| Description | | | | | Event # | | |
| Rent for April and May | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | or Other Candidate(s) N | lame | | Office Sought | 1 | | |
| Yes X No | | | | | | | \$1,000.00 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Barile Printers | | | | 05/28/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1017</u> | | |
| 43 Viets St | New Britain | СТ | 06053 | A-DM | Debit Car | rd | |
| Description Convention Post Cards | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | or Other Candidate(s) N | Jame | | Office Sought | 1 | | \$564.84 |

| | IV. EXPENDITURE | S | | | | | |
|---|---------------------------|-------------|-------------------|--------------------------------|--------------------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Devin Guglietta | | | | Date of Payment 05/28/2010 | Method of Pay | ment | Amount |
| Street Address 27 Brainley Rd | City West Hartford | State CT | Zip Code 06110 | Purpose of Expenditure WAGE | <u>1014</u> Debit Car | rd | |
| Description Wages from 5/13 to 5/26 Devin | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | \$772.87 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Devin Guglietta | | | | 06/03/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1027</u> | | |
| 27 Brainley Rd | West Hartford | СТ | 06110 | RCW | Debit Car | rd | |
| Description Items for convention | | - | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | Jame | | Office Sought | | | |
| X No | | | | | | | \$112.42 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| 101 South Street LLC | | . – I | 1 | 06/03/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1024</u> Debit Car | rd | |
| PO Box 747 Description | Farmington | СТ | 06032 | OVHD | Event # | u | |
| Rent for June | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | lame | | Office Sought | | | \$500.00 |
| X No | | | | | | | \$300.00 |

| | IV. EXPENDITURE | S | | | | | |
|---|---------------------------|-------------|-------------------|-----------------------------------|--------------------------|--------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | | |
| Name of Payee Eliott Ponte | | | | Date of Payment 06/03/2010 | Method of Pays | ment | Amount |
| Street Address 200 Bloomfield Ave | City West Hartford | State CT | Zip Code 06117 | Purpose of Expenditure RCW | <u>1021</u> Debit Car | rd | |
| Description Items for convention and food for volunteers | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes X No | | | | | | | \$636.68 |
| | | | | Method of Payment | | Amount | |
| Street Address 120 New Park Ave | City Hartford | State CT | Zip Code 06106 | Purpose of Expenditure | <u>1023</u> Debit Car | rd | |
| Description Campaign stickers | | | 4 | 1 | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$631.58 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Tracy Frankel Street Address | City | State | Zip Code | 06/03/2010 Purpose of Expenditure | X Check # | | |
| 28 Farmstead Ln | West Hartford | CT | 06117 | A-OTH | Debit Car | rd | |
| | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | |
| X No | | | | | | | \$213.76 |

| | IV. EXPENDITURE | S | | | | | |
|---|---------------------------|-------------|-------------------|-------------------------------|------------------------------------|-------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Aaron Frankel | | | | Date of Payment 06/03/2010 | Method of Pay X Check # 1026 | ment | Amount |
| Street Address 28 Farmstead Ln | City West Hartford | State CT | Zip Code 06117 | Purpose of Expenditure RCW | Debit Car | ď | |
| | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | \$594.09 |
| x No | | | | | 1 | | |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Merchant Warehouse | i | | | 06/03/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| PO Box 6600 | Hagerstown | MD | 21740 | WAGE | Debit Car | ď | |
| Description | | | | | Event # | | |
| Fees for credit card processing | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | or Other Candidate(s) N | lame | | Office Sought | 1 | | |
| X No | | | | | _ | | \$35.20 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Jason Paul | | | | 06/03/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1022</u> | | |
| 20 Northmoor | West Hartford | СТ | 06117 | RCW | Debit Car | ď | |
| Description Office supplies, Items for Mailer and food | for staff | | - | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | |
| X No | | | | | | | \$1,177.46 |

| | IV. EXPENDITURE | s | | | | | |
|---|---------------------------|-------------|-------------------|--|--|--------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Jonathan Harris Street Address 71 Emily Way Description | City West Hartford | State CT | Zip Code 06107 | Date of Payment 06/04/2010 Purpose of Expenditure RCW | Method of Pays X Check # <u>1028</u> Debit Car Event # | | Amount |
| Food for staff meeting, items for HQ Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$767.22 |
| Name of Payee Date of Payment N | | | | Method of Pays | ment | Amount | |
| Street Address 17 Eastview St | City West Hartford | State CT | Zip Code 06107 | Purpose of Expenditure RCW | <u>1031</u> Debit Car | ď | |
| Description Photocopies for campaing, Items for fundr | asiers | 1 | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$68.55 |
| Name of Payee Marcus Communications LLC | | | | Date of Payment 06/04/2010 | Method of Pays | ment | Amount |
| Street Address 275 New State Rd | City Manchester | State CT | Zip Code 06045 | Purpose of Expenditure OVHD | <u>1030</u> Debit Car | ď | |
| Description Raido Rental Charge for Convention | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$318.00 |

| Name of Payee Date of Payment Method of Payment Amount | | IV. EXPENDITU | JRES | | | | | |
|--|--|------------------------|-------------|---------------|------------------------|-------------|-------|----------------|
| N. Expenses Paid By Committee Name of Payee Date of Payment Method of Payment Amount Wine Cellers 4 06/04/2010 X Check # 1029 Street Address City State Zip Code Purpose of Expenditure 1029 68 Farmington Ave Farmington CT 06/032 FNDR Debit Card Description Wine for Fundraisers Event # 05072010B 5072010B 5072010B Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought \$170. No Date of Payment Method of Payment Amount Name of Payee Date of Payment Method of Payment Amount | NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Name of Payee Date of Payment Method of Payment Amount Wine Cellers 4 City State Zip Code Purpose of Expenditure 1029 68 Farmington Ave Farmington CT 06032 FNDR Debit Card Description Wine for Fundraisers Event # 05072010B 5072010B 5072010B Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought \$170. Name of Payee Name of Payee Date of Payment Method of Payment Amount | Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| Wine Cellers 4 06/04/2010 IX Check # Street Address City State Zip Code Purpose of Expenditure 1029 68 Farmington Ave Farmington CT 06032 FNDR Debit Card Description Wine for Fundraisers Event # 05072010B 5072010B Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought \$170. X Yes Beth Bye State Senator, 5th Disct. \$170. Name of Payee Date of Payment Method of Payment Amount | | N. Expenses Paid By Co | mmittee | | | | • | |
| Street Address City State Zip Code Purpose of Expenditure 1029 68 Farmington Ave Farmington CT 06032 FNDR Debit Card Description Wine for Fundraisers Event # 05072010B Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought State Senator, 5th Disct. \$170. Name of Payee Date of Payment Method of Payment Amount | - | | | | | | ment | Amount |
| Description Event # Wine for Fundraisers 05072010B Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate(s) Name Office Sought Is this expenditure coordinated with another candidate for which reimbursement is sought? Beth Bye State Senator, 5th Disct. \$170. No No Disct. Method of Payment Amount | | | | - | | <u>1029</u> | rd | |
| which reimbursement is sought? Beth Bye State Senator, 5th No Disct. \$170. | | - | | • | • | | 3 | |
| | which reimbursement is sought? X Yes Beth Bye State Senator, 5 Disct | | | | | or, 5th | | \$170.76 |
| Complete Campaigns.com | | | | Method of Pay | ment | Amount | | |
| Street Address City State Zip Code Purpose of Expenditure 3635 Ruffin Rd , San Diego CA 92123 WEB Debit Card | | | | | | | rd | |
| Description Online Credi Card Processing Event # | - | - | | • | | Event # | | • |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No | which reimbursement is sought? | for Other Candida | ate(s) Name | | Office Sought | 1 | | \$22.50 |
| Name of Payee Date of Payment Method of Payment Amount | Name of Payee | | | | | | ment | Amount |
| Pocket Wireless 06/15/2010 X Check # Street Address City State Zip Code Purpose of Expenditure 45 Kane St West Hartford CT 06119 OVHD Debit Card | Street Address | | | - | Purpose of Expenditure | | rd | |
| Description Cell Phone Bill | Description | | | 1.0000 | | <u> </u> | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes X No | which reimbursement is sought? | for Other Candida | ate(s) Name | | Office Sought | | | \$46.11 |

| | IV. EXPENDITURE | s | | | | | |
|---|-------------------------------|-------------|-------------------|--|---|--------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Jonathan Harris Street Address 71 Emily Way Description Meet and Greet during convention, hotel s | City West Hartford uiet | State CT | Zip Code 06107 | Date of Payment 06/17/2010 Purpose of Expenditure RCW | Method of Pays X Check # 1032 Debit Car Event # | | Amount |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes X No | | | | | | | \$1,934.88 |
| Name of Payee Date of Payment M | | | | Method of Payment | | Amount | |
| Jonathan Harris | | | | 06/24/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1035</u> | | |
| 71 Emily Way | West Hartford | СТ | 06107 | RCW | Debit Car | rd | |
| Description Campagin Dinner meeting | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | Jame | | Office Sought | | | \$384.55 |
| Name of Payee | | | | Date of Payment 06/24/2010 | Method of Pays | ment | Amount |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1038</u> | | |
| PO Box 8110 | Aurora | IL | 60507 | OVHD | Debit Car | rd | |
| Description Phones & Internet for Februrary until May 23 (order #8d1503786) Eve | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$1,630.35 |

| | IV. EXPENDITURE | s | | | | | |
|---|---------------------------|-------|----------|-------------------------------|----------------|--------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Maureen Magnan | | | 1 | Date of Payment 06/24/2010 | Method of Pays | ment | Amount |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1036</u> | | |
| 120 Elmfield St | West Hartford | СТ | 06110 | RCW | Debit Car | rd | |
| Description Literature for convention | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes | r Other Candidate(s) N | Jame | | Office Sought | | | |
| X No | | | | | - | | \$401.66 |
| Name of Payee Date of Payment M | | | | Method of Pay | ment | Amount | |
| Lawrence Price | | | 1 | 06/24/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1039</u> | | |
| 24 Bainton Rd | West Hartford | СТ | 06117 | RCW | Debit Car | rd | |
| Description Food for campaign staff | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | r Other Candidate(s) N | Jame | | Office Sought | 1 | | |
| X No | | | | | | | \$106.05 |
| Name of Payee | | | | Date of Payment | Method of Pay | ment | Amount |
| Connecticut Democratic State Central Com | mittee | | | 06/24/2010 | X Check # | | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <u>1037</u> | | |
| 179 Allyn St | Hartford | СТ | 06103 | РОС | Debit Car | rd | |
| Description Items for Democratic Convention | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$2,500.00 |

| | IV. EXPENDITURE | S | | | | | |
|---|---|-------------|---------------------------|-------------------------------|--------------------------|--------|----------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | | • | |
| Name of Payee Aaron Frankel | | | | Date of Payment 06/24/2010 | Method of Pay | ment | Amount |
| Street Address 28 Farmstead Ln | CityStateZip CodePurpose of ExpenditureWest HartfordCT06117WAGE | | <u>1040</u> Debit Card | | | | |
| Description Wages from 5/27 to 6/23 Aaron | | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes Yes No Ves | | | | | | | \$1,480.99 |
| Name of Payee Date of Payment Post Master 06/24/2010 | | | | Method of Pay | ment | Amount | |
| Street Address 70 Weston St | City Hartford | State CT | Zip Code 06120 | Purpose of Expenditure | <u>1033</u> Debit Car | rd | |
| Description Bulk Mail Postage | | 1 | I | 1 | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | 1 | | \$96.71 |
| Name of Payee Christopher Straton | | | | Date of Payment 06/24/2010 | Method of Pay | ment | Amount |
| Street Address 9 Concord St | City West Hartford | State CT | Zip Code 06119 | Purpose of Expenditure | <u>1034</u> Debit Car | rd | |
| Description Food for Convention Staff | I | | • | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No | r Other Candidate(s) N | lame | | Office Sought | | | \$77.91 |

| | IV. EXPENDITURES | 5 | | | | _ | |
|--|---------------------------|-------------|-------------------|--------------------------------|---------------------------|---------|--------------------------------|
| NAME OF COMMITTEE | | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | | Origi | nal 07/12/2010 |
| | N. Expenses Paid By Commi | ttee | | | - | | |
| Name of Payee Sandy Weller | | | | Date of Payment 06/24/2010 | Method of Pays | ment | Amount |
| Street Address City State Zip Code Purpose of Expenditure 116 W Avon Rd Unionville CT 06085 FNDR | | | | | <u>1042</u> Debit Card | | |
| Description Items for fundrasier Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought | | | | | | | |
| which reimbursement is sought? Yes X No | | | | | | | \$52.96 |
| Name of Payee Devin Guglietta | | | | Date of Payment 06/24/2010 | Method of Pays | ment | Amount |
| Street Address 27 Brainley Rd | City West Hartford | State CT | Zip Code 06110 | Purpose of Expenditure WAGE | <u>1041</u> Debit Car | ď | |
| Description Wages from 5/27 to 6/9 Devin | | | | | | | |
| Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? | | | | | | | 4502.07 |
| X No | | | | | Total of Sec | ction N | \$582.07 \$43,039.52 |

| | IV | . EXPENDITURES | | | | | | |
|-------------------------------------|--|----------------------------------|-------------|------------------------------|---------|------------------------|---------|------------|
| NAME OF COMMITTE | EE | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010 ³ | * | | | | | | Origina | 07/12/2010 |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | |
| Name of Payee Effies Place | | | | Date of Paymer 04/05/2010 | | Is Reimbur Claimed? | sement | Amount |
| Street Address 91 Park Rd | | City West Hartford | State CT | Zip Code 06119 | | X Yes | S | |
| Purpose of Expenditure | Description Campaign meeting with Kevin : | Sullivan | | | Event # | | | \$13.87 |
| Name of Payee Rookies Sports Bar | | | | Date of Paymer 04/05/2010 | | Is Reimbur Claimed? | | Amount |
| Street Address 51 Shunpike Rd | | City Cromwell | State CT | Zip Code 06416 | | X Yes | S | |
| Purpose of Expenditure | Description Delegate Meet and Greet | | | | Event # | | | \$190.79 |
| Name of Payee Ruby Tuesday | • | | | Date of Paymer 04/07/2010 | | Is Reimbur Claimed? | sement | Amount |
| Street Address 94 W Farms Mall | | ^{City} Farmington | State CT | Zip Code 06032 | | X Yes | 5 | |
| Purpose of Expenditure | Description Food for Volunteers | | | | Event # | | | \$32.50 |
| Name of Payee Effies Place | • | | | Date of Paymer 04/08/2010 | | Is Reimbur Claimed? | | Amount |
| Street Address 91 Park Rd | 1 | City West Hartford | State CT | Zip Code 06119 | | X Yes | S | |
| Purpose of Expenditure | Description Campaign Meeting with Chris N | ſurphy | | | Event # | | | \$15.67 |

| | IV | . EXPENDITURES | | | | | | |
|--------------------------------------|------------------------------------|----------------------------------|-------------|----------------------------|---------|-----------------------|---------|--------------|
| NAME OF COMMITTE | BE | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010* | k | | | | | | Origina | 1 07/12/2010 |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | |
| Name of Payee Dunkin Donuts | | | | Date of Payme | | Is Reimbu Claimed? | | Amount |
| Street Address 5151 Park Ave | | City Bristol | State CT | Zip Code 06825 | | | | |
| Purpose of Expenditure FOOD | Description Food for Volunteers | | | | Event # | ŧ | | \$9.04 |
| Name of Payee Spris Resturant | | | | Date of Payme 04/12/201 | | Is Reimbu Claimed? | | Amount |
| Street Address 10 Constiution Plz | | ^{City} Hartford | State CT | Zip Code 06103 | | | | |
| Purpose of Expenditure | Description Food for Volunteers | | | | Event # | ŧ | | \$23.07 |
| Name of Payee Burger King | | | | Date of Payme 04/12/201 | | Is Reimbu Claimed? | rsement | Amount |
| Street Address 811 Main St | | ^{City} Hartford | State CT | Zip Code 06103 | | | | |
| Purpose of Expenditure | Description Food for Volunteers | | | | Event # | ŧ | | \$9.61 |
| Name of Payee LAZ Parking | | 1 | 1 | Date of Payme 04/12/201 | | Is Reimbu Claimed? | | Amount |
| Street Address 100 Columbus Blvd | | City Hartford | State CT | Zip Code 06103 | | | | |
| Purpose of Expenditure | Description JJB Parking | | | | Event # | ŧ | | \$17.00 |

| | IV | . EXPENDITURES | | | | | | |
|--------------------------------------|--|----------------------------------|-------------|----------------------------|---------|-----------------------|---------------------|----------|
| NAME OF COMMITTE | ΞE | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010 | k | | | | | | Original 07/12/2010 | |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | |
| Name of Payee McDonalds | | | | Date of Payme 04/14/201 | | Is Reimbu Claimed? | rsement | Amount |
| Street Address 185 Asylum St | | City Hartford | State CT | Zip Code 06103 | | | | |
| Purpose of Expenditure FOOD | Description Food for Volunteers | | | | Event # | ¥ | | \$5.49 |
| Name of Payee Spot Eatery | | | | Date of Payme 04/16/201 | | Is Reimbu Claimed? | | Amount |
| Street Address 949 New Britan Ave | | City West Hartford | State CT | Zip Code 06110 | | | | |
| Purpose of Expenditure | Description Food for Volunteers | | | | Event # | ¥ | | \$7.37 |
| Name of Payee Effies Place | | | | Date of Payme 04/16/201 | | Is Reimbu Claimed? | rsement | Amount |
| Street Address 91 Park Rd | | City West Hartford | State CT | Zip Code 06119 | | | | |
| Purpose of Expenditure | Description Campaign Lunch Meeting with | Nick Carbone | | | Event # | ÷ ¥ | | \$16.41 |
| Name of Payee Spot Eatery | | | | Date of Payme 04/19/201 | | Is Reimbu Claimed? | | Amount |
| Street Address 949 New Britan Ave | I | City West Hartford | State CT | Zip Code 06110 | I | | | |
| Purpose of Expenditure | Description Food for Volunteers | | | | Event # | ŧ | | \$7.37 |

| | IV | . EXPENDITURES | | | | | | |
|---|---|----------------------------------|-------------|-------------------------------|-----------------------|---------------------|-----------------|--|
| NAME OF COMMITTE | EE | | | | | FILING | FILING DUE DATE | |
| Jonathan Harris 2010 | * | | | | | Original 07/12/2010 | | |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | |
| Name of Payee Maple Giant Grinde | | | | Date of Payment 04/19/2010 | Is Reimbu Claimed? | | Amount | |
| Street Address 236 Adelaide | | City Hartford | State CT | Zip Code 06114 | | | | |
| Purpose of Expenditure | Description Food for Volunteers | | | Even | t # | | \$8.22 | |
| Name of Payee McDonalds | | | | Date of Payment 04/21/2010 | Is Reimbu Claimed? | | Amount | |
| Street Address 1103 E Main St | | City Stamford | State CT | Zip Code 06878 | | | | |
| Purpose of Expenditure | Description Campaign Dinner Meeting | | | Even | t # | | \$11.87 | |
| Name of Payee Kentucky Fried Chicken | | | | Date of Payment 04/22/2010 | Is Reimbu Claimed? | rsement | Amount | |
| Street Address 480 Boston Post Rd | | City Orange | State CT | Zip Code 06477 | | | | |
| Purpose of Expenditure | Description Campaign Dinner Meeting | | | Even | t # | | \$11.63 | |
| Name of Payee Officers Club | | | 1 | Date of Payment 04/27/2010 | Is Reimbu Claimed? | | Amount | |
| Street Address 360 Broad St | 1 | City Hartford | State CT | Zip Code 06150 | | | | |
| Purpose of Expenditure | Description First District Chairs Lunch/Dinn | er Meeting | | Even | t # | | \$30.00 | |

| | IV | . EXPENDITURES | | | | | | | |
|-----------------------------------|---|----------------------------------|-------------|----------------------------|---------|-----------------------|---------|---------------------|--|
| NAME OF COMMITTE | EE | | | | | | FILING | DUE DATE | |
| Jonathan Harris 2010 | * | | | | | | Origina | Original 07/12/2010 | |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | | |
| Name of Payee Illiano's Grill | | | | Date of Payme 04/29/201 | | Is Reimbu Claimed? | | Amount | |
| Street Address 228 Flanders Rd | | City Yantic | State CT | Zip Code 06357 | | | | | |
| Purpose of Expenditure FOOD | Description Food for Volunteers | | | | Event # | ŧ | | \$17.17 | |
| Name of Payee Walgreens | | | | Date of Payme 05/08/201 | | Is Reimbu Claimed? | | Amount | |
| Street Address 940 Quaker Ln | | City West Hartford | State CT | Zip Code 06110 | | | | | |
| Purpose of Expenditure OFFICE | Description Cleaning items for HQ | | | | Event # | ŧ | | \$12.63 | |
| Name of Payee Walgreens | | | | Date of Payme 05/09/201 | | Is Reimbu Claimed? | rsement | Amount | |
| Street Address 940 Quaker Ln | | City West Hartford | State CT | Zip Code 06110 | | | | | |
| Purpose of Expenditure OFFICE | Description Cleaning items for HQ and othe | er items for HQ | | | Event # | ŧ | | \$32.59 | |
| Name of Payee Wood-N-Tap | | | 1 | Date of Payme 05/10/201 | | Is Reimbu Claimed? | | Amount | |
| Street Address 99 Sisson Ave | | City Hartford | State CT | Zip Code 06106 | | | | | |
| Purpose of Expenditure | Description Campagin Dinner meeting | | | | Event # | ŧ | | \$56.83 | |

| | IV | . EXPENDITURES | | | | | | |
|--|------------------------------------|----------------------------------|-------------|----------------------------|---------|-----------------------------|---------------------|----------|
| NAME OF COMMITTE | EE | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010 | * | | | | | | Original 07/12/2010 | |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | |
| Name of Payee Wood-N-Tap | | | | Date of Payme 05/10/201 | | Is Reimbu Claimed? | rsement | Amount |
| Street Address 99 Sisson Ave | | City Hartford | State CT | Zip Code 06106 | | X Y | | |
| Purpose of Expenditure FOOD | Description Campagin Food | | | | Event # | £ | | \$56.83 |
| Name of Payee Tapas Resturant | | | | Date of Payme 05/11/201 | | Is Reimbu Claimed? | | Amount |
| Street Address 1150 New Britain Ave | - | City West Hartford | State CT | Zip Code 06110 | | | | |
| Purpose of Expenditure | Description Food for Volunteers | | | - | Event # | £ | | \$11.96 |
| Name of Payee Reubens Deli | | | | Date of Payment 05/11/2010 | | Is Reimbursemen Claimed? | | Amount |
| Street Address 35 Lasalle Rd | | ^{City} West Hartford | State CT | Zip Code 06107 | | X Y | | |
| Purpose of Expenditure | Description Food for Volunteers | | | | Event # | ŧ | | \$44.07 |
| Name of Payee First and Last | | | I | Date of Payme 05/13/201 | | Is Reimbu Claimed? | | Amount |
| Street Address 920 Maple Ave | | ^{City} Hartford | State CT | Zip Code 06114 | | | | |
| Purpose of Expenditure | Description Campagin Food | | | | Event # | ł | | \$9.06 |

| | IV | . EXPENDITURES | | | | | | |
|--|---|----------------------------------|-------------|------------------------------|---------|-----------------------|---------------------|----------|
| NAME OF COMMITTE | ΞE | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010 [*] | * | | | | | | Original 07/12/2010 | |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | |
| Name of Payee Pho Boston Resturant | | | | Date of Payme: 05/16/2010 | | Is Reimbu Claimed? | | Amount |
| Street Address 144 Shield St | | ^{City} West Hartford | State CT | Zip Code 06110 | | X Ye | | |
| Purpose of Expenditure FOOD | Description Food for campaign staff | | | | Event # | | | \$23.30 |
| Name of Payee Tapas Resturant | | | | Date of Paymer 05/17/2010 | | Is Reimbu Claimed? | | Amount |
| Street Address 1150 New Britain Ave | | City West Hartford | State CT | Zip Code 06110 | | X Ye | | |
| Purpose of Expenditure | Description Food for Volunteers | | | | Event # | | | \$42.22 |
| Name of Payee First and Last | | | | Date of Payme 05/17/2010 | | Is Reimbu Claimed? | rsement | Amount |
| Street Address 920 Maple Ave | | City Hartford | State CT | Zip Code 06114 | | X Ye | | |
| Purpose of Expenditure | Description Meeting with Shirley Stienment | tz | | | Event # | | | \$9.06 |
| Name of Payee Cromwell Diner | | | 1 | Date of Payme 05/18/2010 | | Is Reimbu Claimed? | | Amount |
| Street Address 135 Berlin Rd | | City Cromwell | State CT | Zip Code 06416 | | No | | |
| Purpose of Expenditure | Description Meeting with Gerry Garcia | | | | Event # | | | \$21.89 |

| | IV | . EXPENDITURES | | | | | | |
|---|--|----------------------------------|-------------|----------------------------|---------|-----------------------|---------------------|----------|
| NAME OF COMMITTE | EE | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010 | k | | | | | | Original 07/12/2010 | |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | |
| Name of Payee Kentucky Fried Chicken | | | | 05/18/2010 | | Is Reimbu Claimed? | | Amount |
| Street Address 501 Farmington Ave | | City Hartford | State CT | Zip Code 06105 | | | | |
| Purpose of Expenditure | Description Food for Volunteers | | | | Event # | ŧ | | \$9.92 |
| Name of Payee McDonalds | | | | Date of Payme 05/18/201 | | Is Reimbu Claimed? | | Amount |
| Street Address 280 Kimberly Ave | - | City New Haven | State CT | Zip Code 06159 | | X Yes No | | |
| Purpose of Expenditure | Description Food for campaign staff | | | | Event # | ŧ | | \$7.71 |
| Name of Payee Wholefoods | | | | Date of Payment 05/18/2010 | | Is Reimbu Claimed? | rsement | Amount |
| Street Address 50 Raymond Rd | | City West Hartford | State CT | Zip Code 06107 | | X Yo No | | |
| Purpose of Expenditure | Description Food for campaign staff | | | | Event # | ŧ | | \$13.50 |
| Name of Payee Corner Pug | · | | I | Date of Payme 05/19/201 | | Is Reimbu Claimed? | | Amount |
| Street Address 1046 New Britain Ave | | City West Hartford | State CT | Zip Code 06110 | | | | |
| Purpose of Expenditure | Description Campagin Dinner meeting | | | | Event # | ŧ | | \$122.06 |

| | IV | . EXPENDITURES | | | | | |
|---------------------------------------|--|----------------------------------|-------------|-------------------------------|-----------------------|---------------------|------------|
| NAME OF COMMITTE | EE | | | | | FILING | DUE DATE |
| Jonathan Harris 2010 | * | | | | | Original 07/12/2010 | |
| | O. Cam | paign Expenses Paid By Candidate | | | | | |
| Name of Payee Dunkin Donuts | | | | Date of Payment 05/20/2010 | Is Reimbu Claimed? | | Amount |
| Street Address 1253 New Britan Ave | | ^{City} Elmwood | State CT | Zip Code 06110 | | | |
| Purpose of Expenditure | Description Coffee for Volunteers | | | Ev | vent # | | \$4.85 |
| Name of Payee | | | | Date of Payment 05/21/2010 | Is Reimbu Claimed? | | Amount |
| Street Address 83 South St | | City West Hartford | State CT | Zip Code 06110 | | | |
| Purpose of Expenditure | Description Food for Volunteers | | | Ev | vent # | | \$50.25 |
| Name of Payee Hilton | | | | Date of Payment 05/22/2010 | Is Reimbu Claimed? | rsement | Amount |
| Street Address 315 Trumbull St | | City Hartford | State CT | Zip Code 06103 | | | |
| Purpose of Expenditure TRVL | Description Hotel Suiet for Jonathan at cor | ivention | | Ev | vent # | | \$534.08 |
| Name of Payee Hilton | | | | Date of Payment 05/22/2010 | Is Reimbu Claimed? | | Amount |
| Street Address 315 Trumbull St | 1 | City Hartford | State CT | Zip Code 06103 | | | , |
| Purpose of Expenditure | Description Meet and Greet during convent | ion | | Ev | vent # | | \$1,400.80 |

| | IV | . EXPENDITURES | | | | | |
|--|--|----------------------------------|-------------|-------------------------------|-----------------------|---------------------|----------|
| NAME OF COMMITTE | ΞE | | | | | FILING | DUE DATE |
| Jonathan Harris 2010 | k | | | | | Original 07/12/2010 | |
| | O. Cam | paign Expenses Paid By Candidate | | | | | |
| Name of Payee Elements Bistro | | | | Date of Payment 05/26/2010 | Is Reimbu Claimed? | | Amount |
| Street Address 1128 New Britain Ave | | City West Hartford | State CT | Zip Code 06110 | | | |
| Purpose of Expenditure | Description Campagin Dinner meeting | | | E | vent # | | \$139.39 |
| Name of Payee Taco Bell | | | | Date of Payment 05/28/2010 | Is Reimbu Claimed? | | Amount |
| Street Address 1250 Farmington Ave | | City Bristol | State CT | Zip Code 06101 | | | |
| Purpose of Expenditure | Description Food for campaign staff | | | E | vent # | | \$4.53 |
| Name of Payee Five Guys | | | | Date of Payment 05/28/2010 | Is Reimbu Claimed? | rsement | Amount |
| Street Address 278 Scott Swamp Rd | | City Farmington | State CT | Zip Code 06032 | | | |
| Purpose of Expenditure | Description Food for campaign staff | | | E | vent # | | \$17.23 |
| Name of Payee AC Petersen Farm | | | | Date of Payment 05/28/2010 | Is Reimbu Claimed? | | Amount |
| Street Address 240 Park Rd | | ^{City} West Hartford | State CT | Zip Code 06119 | | | |
| Purpose of Expenditure | Description Lunch Meeting with Campaing | Staff | | E | vent # | | \$16.09 |

| | IV. | EXPENDITURES | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|-------------|----------------------------|---------|------------------------|-----------|--------------|
| NAME OF COMMITTE | EE | | | | | | FILING | DUE DATE |
| Jonathan Harris 2010 ³ | Jonathan Harris 2010* Original | | | | | | | 1 07/12/2010 |
| | O. Cam | paign Expenses Paid By Candidate | | | | | | |
| Name of Payee D'Angelo | | | | Date of Payme 06/02/201 | | Is Reimbur Claimed? | | Amount |
| Street Address 838 Farmington Ave | | City Bristol | State CT | Zip Code 06010 | | • X Ye | | |
| Purpose of Expenditure FOOD | Description Campagin Food | | | | Event # | ŧ | | \$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 | aster Card Discover American | | | | | | | | | |
| | | | Other | | | | | | | | | |
| Name of Vendor | | | | | Date of Transaction | Amount | | | | | | |
| Street Address | | City | State | Zip Code | | | | | | | | |
| Purpose of Expenditure | Description | | Į | | Event # | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total of Section P | | | | | | | | | | | | |

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| | IV. EXPE | INDITURES | | | | |
|---|--|--------------------------|-----------------------------|-------------|-------------------|------------------------------------|
| NAME OF CO | MMITTEE | | | | FILING DU | E DATE |
| Jonathan Har | ris 2010* | | | | Original 07 | /12/2010 |
| | Q. Expenses Incurred By Com | mittee but Not Paid Duri | ing this Period | | | |
| Name of Creditor Jonathan Harri | is | | Date Incurred 05/25/2010 | Event # | | Amount Incurred (Estimate or |
| Street Address 71 Emily Way | | City West Hartford | • • • • | State CT | Zip Code 06197 | (Estimate or Actual) |
| Purpose of Expenditure TRVL | Description Milage Reimbursement 2447 miles at .41 per mile | | | | | |
| Is this expenditure which reimburseme Yes X No | coordinated with another candidate for Other C | te(s) Name | Office Sought | | | \$1,003.27 |
| Name of Creditor Maureen Magn | an | | Date Incurred 05/28/2010 | Event # | | Amount Incurred (Estimate or |
| Street Address 120 Elmfield S | t | City West Hartford | • • • • | State CT | Zip Code 06110 | Actual) |
| Purpose of Expenditure CNSLT | Description Consulting Fees | | | | | |
| Is this expenditure which reimburseme Yes X No | coordinated with another candidate for Other Candidate for ant is sought? | te(s) Name | Office Sought | | | \$1,500.00 |

| | IV. EXPE | INDITURES | | | | |
|--|--|--------------------------|-----------------------------|-------------|-------------------|------------------------------------|
| NAME OF CO | OMMITTEE | | | | FILING DU | JE DATE |
| Jonathan Har | ris 2010* | | | | Original 07 | //12/2010 |
| | Q. Expenses Incurred By Com | mittee but Not Paid Duri | ng this Period | | | |
| Name of Creditor Heather Dorse | 2γ | | Date Incurred 05/28/2010 | Event # | | Amount Incurred (Estimate or |
| Street Address 200 Bloomfield | d Ave , ORL | City West Hartford | • • • • | State CT | Zip Code 06117 | Actual) |
| Purpose of Expenditure CNSLT | Description Consulting Fees | | | | | |
| Is this expenditure which reimbursem Yes X No | coordinated with another candidate for Other C | te(s) Name | Office Sought | | | \$250.00 |
| Name of Creditor Eliott Ponte | | | Date Incurred 05/28/2010 | Event # | | Amount Incurred (Estimate or |
| Street Address 200 Bloomfield | d Ave , ORL | City West Hartford | | State CT | Zip Code 06117 | Actual) |
| Purpose of Expenditure CNSLT | Description Consulting Fees | | | | • | |
| Is this expenditure which reimbursem Yes X No | coordinated with another candidate for Other Candidate nt is sought? | te(s) Name | Office Sought | | | \$1,500.00 |

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| 1 age | 157 | 01 | 1)5 |

| | IV. EXPE | NDITURES | | | | |
|---|---|--------------------------|-----------------------------|-------------|-------------------|-------------------------|
| NAME OF CO | OMMITTEE | | | | FILING DU | E DATE |
| Jonathan Har | ris 2010* | | | | Original 07 | /12/2010 |
| | Q. Expenses Incurred By Com | mittee but Not Paid Duri | ng this Period | | | |
| Name of Creditor Lawrence Price | 2 | | Date Incurred 05/28/2010 | Event # | | Amount Incurred |
| Street Address 24 Bainton Rd | | City West Hartford | | State CT | Zip Code 06117 | (Estimate or Actual) |
| Purpose of Expenditure CNSLT | Description Consulting Fees | | | | | |
| Is this expenditure which reimburseme Yes X No | coordinated with another candidate for Other Candidat ent is sought? | te(s) Name | Office Sought | | | \$500.00 |
| Name of Creditor Dedra Leradi | | | Date Incurred 05/28/2010 | Event # | | Amount Incurred |
| Street Address 130 Hazelmere | e Rd | City New Britain | | State CT | Zip Code 06053 | (Estimate or Actual) |
| Purpose of Expenditure CNSLT | Description Consulting Fees | · | | | | • |
| Is this expenditure which reimburseme Yes X No | coordinated with another candidate for Other Candidat ent is sought? | te(s) Name | Office Sought | | | \$500.00 |

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| | IV. EXPE | NDITURES | | | | |
|--|--|--------------------------|-----------------------------|-------------|-------------------|-------------------------|
| NAME OF CO | OMMITTEE | | | | FILING DU | E DATE |
| Jonathan Har | ris 2010* | | | | Original 07 | /12/2010 |
| | Q. Expenses Incurred By Com | mittee but Not Paid Duri | ng this Period | | | |
| Name of Creditor John O-Donne | 11 | | Date Incurred 05/28/2010 | Event # | | Amount Incurred |
| Street Address 5757 Robin Ro | 1 | City West Hartford | | State CT | Zip Code 06119 | (Estimate or Actual) |
| Purpose of Expenditure CNSLT | Description Consulting Fees | | | | | |
| Is this expenditure which reimbursem Yes X No | coordinated with another candidate for Other Candidate nt is sought? | te(s) Name | Office Sought | | | \$250.00 |
| Name of Creditor SurePayroll | | | Date Incurred 06/24/2010 | Event # | | Amount Incurred |
| Street Address 2350 Ravine V | Vay | City Glenview | | State IL | Zip Code 60025 | (Estimate or Actual) |
| Purpose of Expenditure WAGE | Description Employer Tax to Payroll Service | | | | | |
| Is this expenditure which reimbursem Yes X No | coordinated with another candidate for Other Candidate nt is sought? | te(s) Name | Office Sought | | | \$80.85 |

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|-------|-----|----|-----|
| 1 age | 157 | 01 | 1)5 |

| | IV. EXPE | INDITURES | | | | |
|--|---|--------------------------|-----------------------------|-------------|-------------------|------------------------------------|
| NAME OF CO | OMMITTEE | | | | FILING DU | E DATE |
| Jonathan Har | ris 2010* | | | | Original 07 | /12/2010 |
| | Q. Expenses Incurred By Com | mittee but Not Paid Duri | ng this Period | | | |
| Name of Creditor SurePayroll | | | Date Incurred 06/24/2010 | Event # | | Amount Incurred |
| Street Address 2350 Ravine V | Vay | City Glenview | · · · · · · | State IL | Zip Code 60025 | (Estimate or Actual) |
| Purpose of Expenditure WAGE | Description Employer Tax to Payroll Service | | | | | |
| Is this expenditure which reimbursem Yes X No | coordinated with another candidate for Other Candidate for ent is sought? | te(s) Name | Office Sought | | | \$219.80 |
| Name of Creditor SurePayroll | | | Date Incurred 06/24/2010 | Event # | | Amount Incurred (Estimate or |
| Street Address 2350 Ravine V | Vay | City Glenview | ·, | State IL | Zip Code 60025 | Actual) |
| Purpose of Expenditure WAGE | Description Fed/State Taxes withheld to Payroll Service | | | | | |
| Is this expenditure which reimbursem Yes X No | coordinated with another candidate for Other Candidate for ent is sought? | te(s) Name | Office Sought | | | \$117.93 |

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|-----------------|------|-----|----|-----|
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| | IV. EXPE | INDITURES | | | | |
|---|--|--------------------------|-----------------------------|-------------|-------------------|------------------------------------|
| NAME OF CO | MMITTEE | | | | FILIN | G DUE DATE |
| Jonathan Har | ris 2010* | | | | Origin | nal 07/12/2010 |
| | Q. Expenses Incurred By Com | mittee but Not Paid Duri | ng this Period | | | |
| Name of Creditor SurePayroll | | | Date Incurred 06/24/2010 | Event # | | Amount Incurred (Estimate or |
| Street Address 2350 Ravine V | Vay | City Glenview | | State IL | Zip Code 60025 | Actual) |
| Purpose of Expenditure WAGE | Description Fed/State Taxes withheld to Payroll Service | | | | | |
| Is this expenditure which reimburseme Yes X No | coordinated with another candidate for Other C | te(s) Name | Office Sought | | | \$519.01 |
| Name of Creditor Merchant Ware | ehouse | | Date Incurred 06/30/2010 | Event # | | Amount Incurred (Estimate or |
| Street Address PO Box 6600 | | City Hagerstown | | State MD | Zip Code 21740 | Actual) |
| Purpose of Expenditure OVHD | Description Credit Card Merchant Fees | | | | | |
| Is this expenditure which reimburseme Yes X No | coordinated with another candidate for Other Candida: ent is sought? | te(s) Name | Office Sought | | | \$32.95 |
| | | | | Total of | f Section Q | \$6,473.81 |

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| IV. E | XPENDITURES | | | | | |
|--|--------------------------|------------------------------|--------------------------------------|-------------------|--------|----------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | nal 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Jason Paul | 04/01/2010 | | Method of Payment X Check # 93 | | Amount | |
| Secondary Payee I Party | | Purpose of Expenditure INAUG | | Debit Card | 1 | |
| 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 Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | • | | |
| X No | | | | | | \$33.88 |
| Name of Worker/Consultant Aaron Frankel | | Date of Pa 04/06/ | | Method of Paym | lent | Amount |
| Secondary Payee Staples | | Purpose o POST | f Expenditure | 94 | 1 | |
| 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 Other Cand which reimbursement is sought? Yes | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$340.21 |

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|-------|-----|----|-----|
| 1 ugo | 102 | 01 | 1/5 |

| IV. E | XPENDITURES | | | | | |
|---|----------------------------------|-----------------------------------|---------------|---|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Wor | kers and | Consultants | | | |
| Name of Worker/Consultant Jason Paul Secondary Payee | | Date of Pa 04/06/ Purpose o | • | Method of Paym X Check # 93 Debit Card | | Amount |
| Post Office | r | POST | 1 | Debit Card | 1 | |
| Street Address Elmwood Branch | ^{City} West Hartford | | State CT | Zip Code 06110 | | |
| Description Stamps for Mailer | | | | Event # | | |
| | | | | | | |
| Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes X No | date(s) Name | Office | Sought | | | \$440.00 |
| Name of Worker/Consultant Aaron Frankel | | Date of Pa 04/07/ | | Method of Paym | ent | Amount |
| Secondary Payee Office Depot | | Purpose o PRNT | f Expenditure | 94 | 1 | |
| Street Address 1451 New Britan Ave | City West Hartford | | State CT | Zip Code 06110 | | |
| Description Printer, Paper, and Cords | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candi | date(s) Name | Office | Sought | | | |
| which reimbursement is sought? Yes No | | | | | | \$24.55 |

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|-------|-----|----|-----|
| 1 ugo | 105 | 01 | 1/5 |

| IV. EXPENDITURES | | | | | | |
|---|------------------------|--|---------------|--------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILIN | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Wo | rkers and | Consultants | | | |
| Name of Worker/Consultant Jason Paul | | Date of Payment Method of Paymen 04/07/2010 X Check # | | | ent | Amount |
| Secondary Payee Office Depot | | Purpose o | f Expenditure | 1022 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 # | | |
| | | | | | | |
| which reimbursement is sought? | date(s) Name | Office | Sought | · | | |
| X No | | | | -+ | | \$65.69 |
| Name of Worker/Consultant Aaron Frankel | | Date of Pa 04/08/ | | Method of Paym | ent | Amount |
| Secondary Payee Office Depot | | Purpose of Expenditure PRNT | | Debit Card | | |
| Street Address 1451 New Britan Ave | City West Hartford | | State CT | Zip Code 06110 | | |
| Description Toner for Printer | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | date(s) Name | Office | Sought | | | |
| Yes X No | | | | | | \$82.65 |

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| 1 ugo | 101 | 01 | 1/5 |

| IV. EXPENDITURES | | | | | | |
|--|----------------------------------|----------------------|--|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Aaron Frankel | | | of Payment Method of Paymen 09/2010 X Check # | | ent | Amount |
| Secondary Payee Spot Eatery | | Purpose o FOOD | f Expenditure | 94 Debit Card | 1 | |
| Street Address 949 New Britan Ave | City West Hartford | | State CT | Zip Code 06110 | | |
| Description Food for Volunteers | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes X No | idate(s) Name | Office | Sought | | | \$13.14 |
| Name of Worker/Consultant Maureen Magnan | | Date of Pa 04/10/ | | Method of Paym | ent | Amount |
| Secondary Payee BJ's Wholesale Club | | Purpose o FOOD | f Expenditure | 1036 | | |
| Street Address 507 New Park Ave | ^{City} West Hartford | | State CT | Zip Code 06110 | | |
| Description Candy for JJb | | | | Event # | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | • | | |
| X No | | | | | | \$111.11 |

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|-------|-----|----|-----|
| 1 age | 105 | 01 | 1)5 |

| IV. EXPENDITURES | | | | | | |
|---|----------------------------------|-----------------------|-----------------------------------|--|--------|---------------|
| NAME OF COMMITTEE | | | | | FILIN | IG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Wor | kers and | Consultants | | | |
| Name of Worker/Consultant Maureen Magnan | | | 2010 | Method of Payment X Check # 1036 | | Amount |
| Secondary Payee Staples | | Purpose o | f Expenditure | Debit Card | l | |
| 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 Other Candi which reimbursement is sought? | date(s) Name | Office | Sought | | | |
| Yes X No | | | | | | \$15.07 |
| Name of Worker/Consultant Aaron Frankel | | Date of Pa 04/14/2 | | Method of Paym | ent | Amount |
| Secondary Payee Post Office | | Purpose o PRNT | Purpose of Expenditure Debit Card | | I | |
| 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 Other Candi which reimbursement is sought? Yes | date(s) Name | Office | Sought | | | |
| X No | | | | | | \$440.00 |

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| 1 age | 100 | 01 | 1)5 |

| IV. EXPENDITURES | | | | | | |
|---|-----------------------------|----------------------------------|---------------|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILIN | IG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Worl | kers and | Consultants | | - | |
| Name of Worker/Consultant Jason Paul | | | | | | |
| Secondary Payee Office Depot | | Purpose o OFFICE | f Expenditure | 93 | l | |
| 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 Other Candi which reimbursement is sought? Yes | idate(s) Name | Office | Sought | • | | |
| X No | | | | - | | \$89.00 |
| Name of Worker/Consultant Maureen Magnan | | Date of Pa 04/17/ | | Method of Paym | ent | Amount |
| Secondary Payee Barker Specialty | | Purpose of Expenditure Gift * | | 1019 | l | |
| 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 Other Candi which reimbursement is sought? Yes | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$2,524.01 |

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|-------|-----|----|-----|
| 1 age | 107 | 01 | 1)5 |

| IV. E | XPENDITURES | | | | | |
|--|---|---------------------|---|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ers and | Consultants | | | |
| Name of Worker/Consultant Helen Rubino-Turco Secondary Payee | Date of Payment 04/18/2010 Purpose of Expenditure | | Method of Paym X Check # 1031 Debit Card | | Amount | |
| FedEx Kinko's | I | PRNT | • | Debit Care | L | |
| Street Address 1599 Southeast Rd | City Farmington | | State CT | Zip Code 06032 | | |
| Description Photocopies for campaing Is this expenditure coordinated with another candidate for Other Candi | idate(s) Name | Office | Sought | Event # | | |
| which reimbursement is sought? Yes No | | | | | | \$30.74 |
| Name of Worker/Consultant Devin Guglietta | | | Date of Payment 9 04/18/2010 | | ent | Amount |
| Secondary Payee FedEx Kinko's | | Purpose o Misc * | f Expenditure | liture Debit Card | | |
| Street Address 544 Farmington Ave | City Hartford | | State CT | Zip Code 06105 | | |
| Description Map of CT for Office Is this expenditure coordinated with another candidate for Which reimbursement is sought? | idate(s) Name | Office | Sought | Event # | | |
| X Yes X No | | | | | | \$11.93 |

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| 1 ugo | 100 | 01 | 1/5 |

| IV. E | XPENDITURES | | | | | |
|---|----------------------------------|----------------------------------|----------------------------|-----------------------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | IG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Worl | kers and | Consultants | | | |
| Name of Worker/Consultant Jason Paul | | 04/18/2010 X | | Method of Paym X Check # 99 | ent | Amount |
| Secondary Payee Staples | | Purpose o | f Expenditure | Debit Card | | |
| Street Address 2550 Albany Ave | ^{City} West Hartford | | State Zip Code CT 06117 | | | |
| Description Office Supplies | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | · | | |
| X No | | 1 | | 1 | | \$8.47 |
| Name of Worker/Consultant Jason Paul | | Date of Pa 04/18/ | | Method of Paym | ent | Amount |
| Secondary Payee Staples | | Purpose of Expenditure OFFICE | | 99 Debit Card | | |
| Street Address 2550 Albany Ave | City West Hartford | | State CT | Zip Code 06117 | | |
| Description Office Supplies | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | .1 | | |
| Yes X No | | | | | | \$16.20 |

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| 1 ugo | 107 | 01 | 1/5 |

| IV. E | XPENDITURES | | | | | |
|--|---|--|-------------|--|--------|----------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | nal 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ers and | Consultants | | | |
| Name of Worker/Consultant Devin Guglietta Secondary Payee | Date of Payment 04/19/2010 Purpose of Expenditure | | 2010 | Method of Paym X Check # 100 Debit Card | | Amount |
| Office Depot | I | PRNT | 1 | | | |
| 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 Other Cand which reimbursement is sought? Yes No | idate(s) Name | Office | Sought | | | \$120.80 |
| Name of Worker/Consultant Jason Paul | | Date of Pa 04/19/ | | Method of Paym | ent | Amount |
| Secondary Payee Post Office | | Purpose of Expenditure 99 POST Debit Card | | l | | |
| Street Address Elmwood Branch | City West Hartford | | State CT | Zip Code 06110 | | |
| Description Stamps for Mailer | | | | Event # | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$1,100.00 |

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| 1 age | 1/0 | 01 | 1)5 |

| IV. E | XPENDITURES | | | | | |
|--|----------------------------------|--------------------------------|---------------|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILIN | IG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Wor | kers and | Consultants | | | |
| Name of Worker/Consultant Devin Guglietta | | | X Check # | | Amount | |
| Secondary Payee Office Depot | | Purpose o | f Expenditure | 100 Debit Card | | |
| Street Address 1451 New Britan Ave | City West Hartford | | | Zip Code 06110 | | |
| Description Envelopes, Bathroom Supplies | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | - | | | | \$8.17 |
| Name of Worker/Consultant Devin Guglietta | | Date of Pa 04/20/ | | Method of Paym | ent | Amount |
| Secondary Payee Office Depot | | Purpose of Expenditure PRNT | | 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 Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$38.15 |

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| IV. E | XPENDITURES | | | | | |
|--|----------------------------------|-------------------------------|----------------------------|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Jason Paul | | Date of Payment 04/21/2010 | | Method of Paym | lent | Amount |
| Secondary Payee Office Depot | | Purpose o PRNT | f Expenditure | Debit Card | 1 | |
| Street Address 1451 New Britan Ave | ^{City} West Hartford | | State Zip Code CT 06110 | | | |
| Description Toner for Printer and Envelopes | | | | Event # | | |
| | | | | | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes X No | idate(s) Name | Office | Sought | | | \$495.32 |
| Name of Worker/Consultant Jason Paul | | Date of Pa 04/22/ | | Method of Paym | lent | Amount |
| Secondary Payee Office Depot | | Purpose o PRNT | f Expenditure | 99 Debit Card | 1 | |
| 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 Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$78.59 |

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| IV. E | XPENDITURES | | | | | |
|--|----------------------------------|----------------------|--|------------------------------------|--------|----------------|
| NAME OF COMMITTEE | | | | | FILN | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | nal 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Devin Guglietta Secondary Payee | Date of Payment 04/26/2010 | | - | Method of Paym X Check # 100 | lent | Amount |
| Office Depot | | OFFICE | | Debit Card | 1 | |
| Street Address 1451 New Britan Ave | City West Hartford | - | State CT | Zip Code 06110 | | |
| Description Envelopes | | | | Event # | | |
| | idate(s) Name | Office | Sought | | | |
| which reimbursement is sought? Yes No | | | | | | \$33.90 |
| Name of Worker/Consultant Devin Guglietta | | Date of Pa 04/27/ | | Method of Paym | lent | Amount |
| Secondary Payee Post Office | 1 | Purpose o POST | 100 Irpose of Expenditure OST Debit Card | | 1 | |
| Street Address Elmwood Branch | ^{City} West Hartford | | State CT | Zip Code 06110 | | |
| Description Stamps for Mailer | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$220.00 |

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| rage | 1/5 | 01 | 195 |

| IV. E | XPENDITURES | | | | | | |
|---|--|--------------------------------|----------------------------|-------------------|--------|---------------|--|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE | |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 | |
| R. Itemization of Reimburs | ements to Committee Work | ters and | Consultants | | | | |
| Name of Worker/Consultant Helen Rubino-Turco Secondary Payee | Date of Payment 04/28/2010 Purpose of Expend | | 1/28/2010 X Check 1031 | | 1031 | | |
| Cricket Press | | PRNT | | Debit Card | | | |
| Street Address 19 Sedgwick | City West Hartford | | State Zip Code CT 06107 | | | | |
| Description Photocopies for campaing | | | | Event # | | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No | idate(s) Name | Office | Sought | _I | | \$6.04 | |
| Name of Worker/Consultant Jason Paul | | Date of Pa 04/29/ | | Method of Paym | ent | Amount | |
| Secondary Payee Post Office | | Purpose of Expenditure POST | | Debit Card | | l | |
| Street Address Elmwood Branch | City West Hartford | | State CT | Zip Code 06110 | | | |
| Description Stamps for Mailer | | | | Event # | | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | | | | |
| X No | | | | | | \$660.00 | |

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| IV. E | XPENDITURES | | | | | |
|--|----------------------------------|--------------------------------|---------------|---|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Wor | kers and | Consultants | | | |
| Name of Worker/Consultant Devin Guglietta | | Date of Payment 04/29/2010 | | Method of Payment X Check # | | Amount |
| Secondary Payee Office Depot | | Purpose o OFFICE | f Expenditure | 100 Debit Carc | 1 | |
| Street Address 1451 New Britan Ave | City West Hartford | | | Zip Code 06110 | | |
| Description Envelopes | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | I | | |
| No | | 1 | | -1 | | \$33.90 |
| Name of Worker/Consultant Sandy Weller | | Date of Pa 05/02/ | | Method of Paym | ent | Amount |
| Secondary Payee Trader Joes | | Purpose of Expenditure FNDR | | 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 Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$52.96 |

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| IV. EXPENDITURES | | | | | | |
|---|--------------------------|-----------------------------|--|-----------------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Worl | ters and | Consultants | | | |
| Name of Worker/Consultant Eliott Ponte Secondary Payee | 05/02/20 | | 05/02/2010 X Check # 1021 | | 1021 | |
| Dunkin Donuts | 1 | FOOD | | Debit Card | 1 | |
| Street Address 905 Farmington Ave | City West Hartford | | State CT | Zip Code 06119 | | |
| Description Coffee for Campaign Meeting | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No | idate(s) Name | Office | Sought | | | \$22.32 |
| Name of Worker/Consultant Devin Guglietta | | | Date of Payment Method of Payment 05/02/2010 X | | ent | Amount |
| Secondary Payee Kinko's | - | Purpose of Expenditure PRNT | | Expenditure 1027 Debit Card | | |
| Street Address 196 Trumbull St | City Hartford | | State CT | Zip Code 06103 | | |
| Description Items for Convention | | | | Event # | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$112.42 |

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| rage | 170 | 01 | 195 |

| IV. EXPENDITURES | | | | | | |
|---|--------------------------|--------------------------------|---|-------------------|--------|----------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | nal 07/12/2010 |
| R. Itemization of Reimburs | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Helen Rubino-Turco | | | Method of Payment Am X Check # 1031 | | Amount | |
| Secondary Payee Stop & Shop | | Purpose o FNDR | f Expenditure | 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 Other Can which reimbursement is sought? X Yes Beth By No | didate(s) Name e | | Sought cor, 5th Dist | | | \$31.77 |
| Name of Worker/Consultant Aaron Frankel | | Date of Pa 05/07/ | | Method of Paym | ent | Amount |
| Secondary Payee Pho Boston Resturant | 1 | Purpose of Expenditure FOOD | | 1026 | | |
| 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 Other Canwhich reimbursement is sought? | didate(s) Name | Office | Sought | 1 | | |
| X No | | | | | | \$15.21 |

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| IV. EXPENDITURES | | | | | | |
|--|---|--------------------------------|--|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Jason Paul Secondary Payee | Date of Payment 05/12/2010 Purpose of Expenditure | | Method of Paym X Check # 1022 Debit Card | | Amount | |
| Post Office Street Address Elmwood Branch | City West Hartford | POST | State CT | Zip Code 06110 | | |
| Description Stamps for Mailer | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes X No | idate(s) Name | Office | Sought | | | \$268.80 |
| Name of Worker/Consultant Jason Paul | | Date of Pa 05/13/ | /2010 X Check # | | ent | Amount |
| Secondary Payee Office Depot | | Purpose of Expenditure POST | | 1022 | | |
| 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 Other Cand which reimbursement is sought? Yes X No | idate(s) Name | Office | Sought | | | \$343.77 |
| | | | | | | + / |

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| IV. EXPENDITURES | | | | | | |
|---|----------------------------------|-------------------|---|--------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Jason Paul Secondary Payee Post Office | | | 05/17/2010 X Check # Purpose of Expenditure Debit Ca | | | Amount |
| Street Address Bishops Corrner | City West Hartford | POST | State CT | Zip Code 06117 | | |
| Description Stamps for Mailer | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No | idate(s) Name | Office | Sought | _I | | \$140.00 |
| Name of Worker/Consultant Jason Paul | | | Date of Payment Method of Paym 05/17/2010 X Check # | | ent | Amount |
| Secondary Payee Post Office | | Purpose o POST | f Expenditure | 1022 Debit Card | | |
| Street Address Lasalle Road Branch | ^{City} West Hartford | | State CT | Zip Code 06107 | | |
| Description Stamps for Mailer | | | | Event # | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$117.60 |

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| IV. EXPENDITURES | | | | | | |
|--|--------------------------|----------------------------------|--|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Maureen Magnan | | | Method of Payment X Check # 1036 | | Amount | |
| Secondary Payee Elmwood Pizza & Grind | | Purpose o FOOD | f Expenditure | 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 Other Candi | idate(s) Name | Office | Sought | | | |
| which reimbursement is sought? | date(s) Name | Unice | Sought | | | \$24.12 |
| Name of Worker/Consultant Maureen Magnan | | Date of Pa 05/19/2 | | Method of Paym | ent | Amount |
| Secondary Payee Office Depot | | Purpose of Expenditure OFFICE | | 1036 | | |
| Street Address 1451 New Britan Ave | City West Hartford | | State CT | Zip Code 06110 | | |
| Description Office Supplies | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | date(s) Name | Office | Sought | | | |
| Yes X No | | | | | | \$97.41 |

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| IV. EXPENDITURES | | | | | | |
|--|---|------------|-------------|--|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | |
| Name of Worker/Consultant Jason Paul Secondary Payee | Date of Payment 05/19/2010 Purpose of Expenditure | | 2010 | Method of Paym X Check # 1022 Debit Card | | Amount |
| Office Depot Street Address 1451 New Britan Ave | City West Hartford | PRNT | State CT | Zip Code 06110 | | |
| Description Ink for Printers | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No | idate(s) Name | Office | Sought | | | \$152.60 |
| Name of Worker/Consultant Eliott Ponte | | 05/20/2010 | | Method of Paym | lent | Amount |
| Secondary Payee Kinko's | 1 | | | 1021 Debit Card | | |
| Street Address 544 Farmington Ave | City Hartford | | State CT | Zip Code 06105 | | |
| Description Flyers for Convention | | | | Event # | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$111.30 |

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| IV. E | XPENDITURES | | | | | |
|--|-------------------------------|--------------------------------|---|-------------------|--------|----------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origir | nal 07/12/2010 |
| R. Itemization of Reimburs | ements to Committee Wo | rkers and | Consultants | | | |
| Name of Worker/Consultant Jason Paul | Date of Payment 05/20/2010 | | Method of Payment X Check # | | Amount | |
| Secondary Payee Albi | | Purpose of Expenditure FOOD | | 1022 | | |
| Street Address 511 New Park Ave | City West Hartford | State CT | | Zip Code 06110 | | |
| Description Water for Campaign | | | | Event # | | |
| | | | | | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | • | | |
| X No | | | | | | \$19.95 |
| Name of Worker/Consultant | | Date of P | | Method of Paym | nent | Amount |
| Tracy Frankel | | 05/20/ | 2010 | X Check # | | |
| Secondary Payee Staples | | Purpose of Gift * | bose of Expenditure Debit Car | | 1 | |
| Street Address 2550 Albany Ave | City West Hartford | | State CT | Zip Code 06117 | | |
| Description Lanyard and Laminating Ledger (for giveaways at convention) | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | -1 | | |
| Yes X No | | | | | | \$52.93 |

| IV. E | XPENDITURES | | | | | |
|---|---|--------------------------------|--|--------------------|----------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ers and | Consultants | | | |
| Name of Worker/Consultant Eliott Ponte Secondary Payee Wal-Mart | Date of Payment 05/21/2010 Purpose of Expenditure Gift * | | 05/21/2010 X Purpose of Expenditure | | ent I | Amount |
| Street Address 844 N Colony Rd | City Wallingford | One | State CT | Zip Code 06492 | | |
| Description Polo Shirts for Convention | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes X No | idate(s) Name | Office | Sought | | | \$411.24 |
| Name of Worker/Consultant Eliott Ponte | | | | Method of Payment | | Amount |
| Secondary Payee CT Expo | | Purpose of Expenditure FOOD | | 1021 Debit Card | | |
| Street Address 265 Reverned Moody Byp | City Hartford | | State CT | Zip Code 06114 | | |
| Description Food for Staff & Volunteers Is this expenditure coordinated with another candidate for Other Candidate | idate(s) Name | Office | Sought | Event # | | |
| which reimbursement is sought? Yes X No | | | | | | \$15.75 |

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| IV. E | XPENDITURES | | | | | |
|---|----------------------------------|----------------------------------|-------------------|--------------------|---------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Wor | kers and | Consultants | | | |
| Name of Worker/Consultant Eliott Ponte | Date of Payr 05/21/20 | | 21/2010 X Check # | | Check # | |
| Secondary Payee Subway | | Purpose o FOOD | f Expenditure | Debit Card | 1 | |
| 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 Other Candi | idate(s) Name | Office | Sought | | | |
| which reimbursement is sought? | uare(s) ivane | Unice | Sought | | | \$12.83 |
| Name of Worker/Consultant Jason Paul | | Date of Pa 05/21/ | | Method of Paym | ent | Amount |
| Secondary Payee CVS Pharmacy | | Purpose of Expenditure OFFICE | | 1022 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 Other Candi which reimbursement is sought? Yes | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$22.46 |

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| IV. EXPENDITURES | | | | | | |
|--|--------------------------|----------------------------------|---|-------------------|--------|----------------|
| NAME OF COMMITTEE | | | | | FILN | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origir | nal 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | ers and | Consultants | | | |
| Name of Worker/Consultant Maureen Magnan | | | Method of Payment X Check # | | Amount | |
| Secondary Payee Staples | | Purpose of Expenditure OFFICE | | 1036 | | |
| Street Address 2550 Albany Ave | City West Hartford | | State Zip Code CT 06117 | | | |
| Description Supplies for Convention | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | • | | |
| Yes X No | | | | | | \$75.13 |
| Name of Worker/Consultant | | Date of Pa | | Method of Paym | ent | Amount |
| Mary Alyson Pilagin | | 05/21/ | 2010 | X Check # | | |
| Secondary Payee CVS Pharmacy | | Purpose o | ose of Expenditure Debit Car | | 1 | |
| Street Address 690 Wethersfield Ave | City Hartford | | State CT | Zip Code 06114 | | |
| Description Garbage Bags Purchased by Volunteer | | | | Event # | | |
| | | | | | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | <u> </u> | | |
| Yes X No | | | | | | \$9.53 |

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| IV. E | XPENDITURES | | | | | |
|---|-------------------------------|----------------------------------|-------------|--|--------|---------------|
| NAME OF COMMITTEE | | | | | FILIN | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee W | orkers and | Consultants | | | |
| Name of Worker/Consultant Tracy Frankel Secondary Payee | Date of Payment 05/21/2010 | | - | Method of Payment X Check # 1025 | | Amount |
| Kinko's | | PRNT | Expenditure | Debit Card | | |
| Street Address 544 Farmington Ave | City Hartford | | State CT | Zip Code 06105 | | |
| Description Laminating materials | • | | • | Event # | | |
| which reimbursement is sought? | date(s) Name | Office | Sought | | | |
| Yes X No | | | | | | \$84.13 |
| Name of Worker/Consultant Jason Paul | Date of Payment 05/21/2010 | | | Method of Payment | | Amount |
| Secondary Payee Sports Authority | | Purpose of Expenditure Misc * | | Debit Card | | |
| Street Address 1600 SE Rd | City Farmington | | State CT | Zip Code 06032 | | |
| Description Convention tent entertainment items (football, nerf football, kick | xball, candy) | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes | date(s) Name | Office | Sought | | | |
| X No | | | | | | \$46.59 |

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| IV. E | XPENDITURES | | | | | | | |
|---|--------------------------|--------------------------------|--|-------------------|--|---------------|--|--------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE | | |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 | | |
| R. Itemization of Reimburse | ements to Committee Work | ers and | Consultants | | | | | |
| Name of Worker/Consultant Aaron Frankel Secondary Payee | | | 05/22/2010 X Check # Purpose of Expenditure 1026 | | 05/22/2010 X Chec Purpose of Expenditure Debi | | | Amount |
| Hilton Street Address 315 Trumbull St | City Hartford | TRVL | State CT | Zip Code 06103 | | | | |
| Description Hotel Cost for Convention Is this expenditure coordinated with another candidate for which reimbursement is sought? | date(s) Name | Office | Sought | Event # | | | | |
| Yes X No | | | | | | \$200.48 | | |
| Name of Worker/Consultant Christopher Straton | | | Date of Payment 05/22/2010 | | ent | Amount | | |
| Secondary Payee Subway | | Purpose of Expenditure FOOD | | 1034 | | | | |
| Street Address 471 Farmington Ave | City Hartford | | State CT | Zip Code 06105 | | | | |
| - | date(s) Name | Office | Sought | Event # | | | | |
| which reimbursement is sought? Yes X No | | | | | | \$77.91 | | |

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| IV. E | XPENDITURES | | | | | |
|---|---|---|--|--|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Worl | kers and | Consultants | | | |
| Name of Worker/Consultant Eliott Ponte Secondary Payee | Date of Payment 05/22/2010 Purpose of Expenditure | | Method of Payment X Check # 1021 | | Amount | |
| Dunkin Donuts | | FOOD | | Debit Card | 1 | |
| Street Address 413 Cottage Grv | ^{City} Bloomfield | | State CT | Zip Code 06002 | | |
| Description Coffee for Convention | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No | idate(s) Name | Office | Sought | | | \$14.83 |
| Name of Worker/Consultant Eliott Ponte | | Date of Payment 05/22/2010 Purpose of Expenditure FOOD | | Method of Payment X Check # 1021 Debit Card | | Amount |
| Secondary Payee CT Expo | - | | | | | |
| Street Address 265 Reverned Moody Byp | City Hartford | | State CT | Zip Code 06114 | | |
| Description Food for Staff & Volunteers | | | | Event # | | |
| which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$10.25 |

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| IV. EXPENDITURES | | | | | | |
|---|------------------------|----------------------|---------------|-------------------------------------|------|---------------|
| NAME OF COMMITTEE | | | | | FILI | IG DUE DATE |
| Jonathan Harris 2010* | Jonathan Harris 2010* | | | | | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee We | orkers and | Consultants | | | |
| Name of Worker/Consultant Eliott Ponte | | Date of Pa 05/22/ | 2010 | Method of Paym X Check # 1021 | ent | Amount |
| Secondary Payee CT Expo | | Purpose o FOOD | f Expenditure | Debit Card | 1 | |
| Street Address 265 Reverned Moody Byp | City Hartford | | State CT | Zip Code 06114 | | |
| Description Food for Staff & Volunteers | | | | Event # | | |
| | | | | | | |
| Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes X No | date(s) Name | Office | Sought | | | \$25.50 |
| Name of Worker/Consultant Eliott Ponte | | Date of Pa 05/22/ | | Method of Paym | ent | Amount |
| Secondary Payee Wal-Mart | | Purpose o FOOD | f Expenditure | 1021 | 1 | |
| Street Address 844 N Colony Rd | City Wallingford | | State CT | Zip Code 06492 | | |
| Description Soda for Conventionand Lace for Campaing Giveaways | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | date(s) Name | Office | Sought | 1 | | |
| Yes X No | | | | | | \$12.66 |

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| 1 ugo | 107 | 01 | 1/5 |

| IV. EXPENDITURES | | | | | | | | |
|--|----------------------------------|-------------------------------|---------------|----------------------|--------|--|--|--------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE | | |
| Jonathan Harris 2010* | | | | | Origin | al 07/12/2010 | | |
| R. Itemization of Reimburse | ements to Committee Work | ters and | Consultants | | | | | |
| Name of Worker/Consultant Lawrence Price | | Date of Payment 05/22/2010 | | 05/22/2010 X Check # | | Method of Payment X Check # 1039 | | Amount |
| Secondary Payee BJ's Wholesale Club | | Purpose o FOOD | f Expenditure | Debit Card | 1 | | | |
| Street Address 507 New Park Ave | City West Hartford | | State CT | Zip Code 06110 | | | | |
| Description Food for campaign staff | | | | Event # | | | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes X No | idate(s) Name | Office | Sought | | | \$76.89 | | |
| Name of Worker/Consultant Lawrence Price | | Date of Pa 05/22/2 | | Method of Paym | ent | Amount | | |
| Secondary Payee Malls Market Corp | | Purpose o FOOD | f Expenditure | 1039 | 1 | | | |
| Street Address 331 Park Rd | ^{City} West Hartford | | State CT | Zip Code 06119 | | | | |
| Description Food for campaign staff | | | | Event # | | | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | | | | | |
| X No | | | | | | \$29.16 | | |

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| 1 age | 1 70 | 01 | 1)5 |

| IV. EXPENDITURES | | | | | | |
|---|--------------------------|----------------------|--|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILIN | IG DUE DATE |
| Jonathan Harris 2010* | Jonathan Harris 2010* | | | | | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Worl | kers and | Consultants | | | |
| Name of Worker/Consultant Tracy Frankel | racy Frankel 05/22/2010 | | Method of Payment X Check # 1025 | | Amount | |
| Secondary Payee Staples | | Purpose o Gift * | f Expenditure | Debit Card | l | |
| Street Address 2550 Albany Ave | City West Hartford | | State CT | Zip Code 06117 | | |
| Description Lanyard(for giveaways at convention) | | | | Event # | | |
| | | | | | | |
| Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes X No | date(s) Name | Office | Sought | | | \$76.70 |
| Name of Worker/Consultant Maureen Magnan | | Date of Pa 05/26/ | | Method of Paym | ent | Amount |
| Secondary Payee Vito's Pizza | | Purpose o FOOD | f Expenditure | 1036 | l | |
| Street Address 14 E Ceder St | City Newington | | State CT | Zip Code 06111 | | |
| Description Food for staff meeting | | | | Event # | | |
| | | | | | | |
| which reimbursement is sought? | date(s) Name | Office | Sought | -1 | | |
| Yes X No | | | | | | \$60.69 |

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| 1 age | 1 / 1 | 01 | 1)5 |

| IV. EXPENDITURES | | | | | | |
|--|----------------------------------|----------------------|--|-------------------|--------|---------------|
| NAME OF COMMITTEE | | | | | FILI | NG DUE DATE |
| Jonathan Harris 2010* | Jonathan Harris 2010* | | | | | al 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Wor | kers and | Consultants | | | |
| Name of Worker/Consultant Maureen Magnan | 05/26/2010 X Check # | | Method of Payment X Check # 1036 | | Amount | |
| Secondary Payee Stop & Shop | | Purpose o | f Expenditure | Debit Card | 1 | |
| Street Address 150 New Park Ave | City Hartford | | State CT | Zip Code 06106 | | |
| Description Soda, water, and snacks for staff meeting and office | | | | Event # | | |
| | idate(s) Name | Office | Sought | | | |
| which reimbursement is sought? Yes No | | | | | | \$18.13 |
| Name of Worker/Consultant Aaron Frankel | | Date of Pa 05/28/ | | Method of Paym | ent | Amount |
| Secondary Payee Post Office | | Purpose o POST | f Expenditure | 1026 | 1 | |
| Street Address Elmwood Branch | ^{City} West Hartford | | State CT | Zip Code 06110 | | |
| Description Stamps for Mailer | | | | Event # | | |
| Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? | idate(s) Name | Office | Sought | | | |
| X No | | | | | | \$378.40 |

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| IV. EXPENDITURES | | | | | | |
|--|--------------------------|---|----------------|---|----------|--------------------------------|
| NAME OF COMMITTEE | | | | | FILD | NG DUE DATE |
| Jonathan Harris 2010* | | | | | Origir | nal 07/12/2010 |
| R. Itemization of Reimburse | ements to Committee Work | kers and | Consultants | | | |
| Name of Worker/Consultant Patrick McGloin Secondary Payee Kinko's | | Date of P 05/28/ Purpose of PRNT | - | Method of Paym X Check # 1020 Debit Card | | Amount |
| 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 Other Candid which reimbursement is sought? Yes X No | date(s) Name | Office | Sought | 1 | | \$129.82 |
| Name of Worker/Consultant Patrick McGloin | | Date of P 05/28/ | | Method of Paym | lent | Amount |
| Secondary Payee Kinko's | | Purpose of PRNT | of Expenditure | 1020 | 1 | |
| Street Address 1599 Southeast Rd | City Farmington | | State CT | Zip Code 06032 | | |
| Description Printed items for Dem Convention | | | | Event # | | |
| which reimbursement is sought? | date(s) Name | Office | Sought | | | |
| X No | | | | Total of Se | ection R | \$130.37 \$10,524.13 |

| IV. EXPH | ENDITURES | | | | |
|-----------------------|-----------------------------------|-------|------------------|------|--|
| NAME OF COMMITTEE | | | | FII | LING DUE DATE |
| Jonathan Harris 2010* | | | | Ori | iginal 07/12/2010 |
| S. Surplus Distri | bution of Equipment and Furniture | | | | |
| Name of Recipient | | | | | Original Purchase Amount of Item |
| Street Address | City | State | Zip Code | | |
| Description | | | | | |
| | | | | | |
| | | | Total of Section | on S | |