

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 76

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Garber For Attorney General</b>					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Darren</b>	MI <b>J</b>	Last <b>Gagliardi</b>	Suffix		
4. TREASURER ADDRESS						
Street Address <b>43 Northwood Rd</b>		City <b>Newington</b>		State <b>CT</b>	Zip Code <b>06111</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Attorney General</b>				
8. CANDIDATE NAME						
Title	First <b>Ross</b>	MI <b>H.</b>	Last <b>Garber</b>	Suffix		
9. TYPE OF REPORT						
<b>July 10 Filing - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>05/10/2010                      thru                      06/30/2010</b>						
11. CERTIFICATION						
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Darren Gagliardi</b>		<b>07/12/2010</b>		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Garber For Attorney General</b>	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$0.00</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$70,640.00</b>	<b>\$70,640.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D-I)	<b>\$2,000.00</b>	<b>\$2,000.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$72,640.00</b>	<b>\$72,640.00</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$72,640.00</b>	<b>\$72,640.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$11,703.13</b>	<b>\$11,703.13</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$60,936.87</b>	<b>\$60,936.87</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$7,076.46</b>	<b>\$7,076.46</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$10,366.82</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$10,366.82</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

(See instructions for definition of Small Contributor)

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

Last Name Pollack	First Name Barry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0001	Amount of Contribution
Residential Street Address 3717 Harrison St NW	City Washington	State DC	Zip Code 20015	Date Received 05/24/2010		
Principal Occupation Lawyer	Name of Employer Miller & Chevalier, Chartered	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00	
Last Name Smith	First Name Walter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0002	Amount of Contribution
Residential Street Address 12319 Countryview Dr	City Glen Allen	State VA	Zip Code 23059	Date Received 05/26/2010		
Principal Occupation General Counsel	Name of Employer HRH	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00	
Last Name Lopez	First Name Janice	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0003	Amount of Contribution
Residential Street Address 48 Four Mile Rd	City West Hartford	State CT	Zip Code 06107	Date Received 05/27/2010		
Principal Occupation Pediatrician	Name of Employer West Hartford Pediatrics	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00	
Last Name Dow	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0004	Amount of Contribution
Residential Street Address 350 Orange St	City New Haven	State CT	Zip Code 06511	Date Received 06/01/2010		
Principal Occupation Attorney	Name of Employer Jacobs, Grudberg, Belt & Dow, P.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00	

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

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Lazzaro</b>	First Name <b>Amy</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0005</b>	Amount of Contribution
Residential Street Address <b>168 Old Farms Rd</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>06/03/2010</b>		
Principal Occupation <b>Staff Assistant</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
<b>\$500.00</b>						
Last Name <b>Twardy</b>	First Name <b>Stanley</b>	MI <b>A</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0080</b>	Amount of Contribution
Residential Street Address <b>45 Deforest Rd</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897</b>	Date Received <b>06/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Day Pitney LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
<b>\$250.00</b>						
Last Name <b>Kaufmann</b>	First Name <b>Charles</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0081</b>	Amount of Contribution
Residential Street Address <b>289 Greenwich Ave</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06830</b>	Date Received <b>06/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Shipman &amp; Goodwin LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
<b>\$250.00</b>						
Last Name <b>Bowers</b>	First Name <b>Karl</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0075</b>	Amount of Contribution
Residential Street Address <b>1730 Crestwood Dr</b>	City <b>Columbia</b>	State <b>SC</b>	Zip Code <b>29205</b>	Date Received <b>06/08/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Hall Bowers LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
<b>\$1,000.00</b>						

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

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Hall	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0074	Amount of Contribution
Residential Street Address 1329 Blanding St	City Columbia	State SC	Zip Code 29201	Date Received 06/09/2010		
Principal Occupation Attorney	Name of Employer Hall Bowers LLC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Miles	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0006	Amount of Contribution
Residential Street Address 210 Silver Hill Rd	City Easton	State CT	Zip Code 06612	Date Received 06/09/2010		
Principal Occupation Investor	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Miles	First Name Kristin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0007	Amount of Contribution
Residential Street Address 210 Silver Hill Rd	City Easton	State CT	Zip Code 06612	Date Received 06/09/2010		
Principal Occupation Youth Minister	Name of Employer St Paul's Episcopal Church		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
\$2,000.00						
Last Name Chavey	First Name Victoria and Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0008	Amount of Contribution
Residential Street Address 128 Steele Rd	City West Hartford	State CT	Zip Code 06119	Date Received 06/09/2010		
Principal Occupation Lawyer	Name of Employer Jackson Lewis LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						



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

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

### B. Itemized Contributions from Individuals

Last Name Sweeney		First Name John		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0082	Amount of Contribution
Residential Street Address 19 Randolph Dr		City Glastonbury		State CT	Zip Code 06033		Date Received 06/11/2010	
Principal Occupation Chief Financial Officer		Name of Employer Providence College			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Floren		First Name Livvy		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0086		Amount of Contribution	
Residential Street Address 210 Round Hill Dr			City Greenwich			State CT		Zip Code 06831		Date Received 06/11/2010	
Principal Occupation State Representative			Name of Employer State of Connecticut			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$100.00		

Last Name Kosowsky		First Name John		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0011	Amount of Contribution
Residential Street Address 85 Willoughby Rd			City Shelton		State CT	Zip Code 06484		Date Received 06/11/2010
Principal Occupation CPA			Name of Employer J. Allen Kosowsky, CPA, PC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	

Last Name Sullivan		First Name Jame		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0012	Amount of Contribution       \$500.00
Residential Street Address 41 High Farms Rd .		City West Hartford		State CT	Zip Code 06107	Date Received 06/11/2010		
Principal Occupation attorney		Name of Employer Howard Kohn			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		









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

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name Diedrick	First Name Arthur	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0077	Amount of Contribution
Residential Street Address PO Box 37	City Litchfield	State CT	Zip Code 06759	Date Received 06/15/2010		
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Arakas	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0091	Amount of Contribution
Residential Street Address 3A Farmington Chase	City Farmington	State CT	Zip Code 06032	Date Received 06/15/2010		
Principal Occupation Attorney	Name of Employer Lego Systems, Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		
\$150.00						
Last Name Paetzold	First Name William	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0076	Amount of Contribution
Residential Street Address 72 Stockade Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 06/16/2010		
Principal Occupation Attorney	Name of Employer Moriarty Paetzold & Sherwood	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
\$300.00						
Last Name Udell	First Name Collin	MI O	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0018	Amount of Contribution
Residential Street Address 158 King Philip Dr	City West Hartford	State CT	Zip Code 06117	Date Received 06/16/2010		
Principal Occupation attorney	Name of Employer Dechert LLP	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
\$250.00						

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

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Seder</b>	First Name <b>Lauren</b>	MI <b>T</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0020</b>	Amount of Contribution          <b>\$200.00</b>	
Residential Street Address <b>155 Chestnut Ln</b>		City <b>Hamden</b>		State <b>CT</b>	Zip Code <b>06518</b>		Date Received <b>06/17/2010</b>
Principal Occupation <b>legal recruiter</b>		Name of Employer <b>Seder Associates</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$200.00</b>
Last Name <b>Lewis</b>	First Name <b>Scott</b>	MI <b>F</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0021</b>	Amount of Contribution          <b>\$50.00</b>	
Residential Street Address <b>45 Bayberry Hill Rd</b>		City <b>Avon</b>		State <b>CT</b>	Zip Code <b>06001</b>		Date Received <b>06/17/2010</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Lewis, Lewis &amp; Ferraro, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$50.00</b>
Last Name <b>Zwicker</b>	First Name <b>Erik</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0022</b>	Amount of Contribution          <b>\$500.00</b>	
Residential Street Address <b>198 Steep Hill Rd</b>		City <b>Weston</b>		State <b>CT</b>	Zip Code <b>06883</b>		Date Received <b>06/17/2010</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Wiggin and Dana</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$500.00</b>
Last Name <b>DeLuzio</b>	First Name <b>Mark</b>	MI <b>C</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0019</b>	Amount of Contribution          <b>\$500.00</b>	
Residential Street Address <b>79 Kingswood Dr</b>		City <b>South Glastonbury</b>		State <b>CT</b>	Zip Code <b>06073</b>		Date Received <b>06/17/2010</b>
Principal Occupation <b>President &amp; CEO/Owner</b>		Name of Employer <b>Lean Horizons Consulting, LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions <b>\$500.00</b>

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Nielsen</b>	First Name <b>Mark</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0078</b>	Amount of Contribution
Residential Street Address <b>3 Parley Ln</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>	Date Received <b>06/17/2010</b>		
Principal Occupation <b>Associate General Counsel</b>	Name of Employer <b>Praxair, Inc.</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>		
<b>\$1,000.00</b>						
Last Name <b>Rosenthal</b>	First Name <b>Robert</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0113</b>	Amount of Contribution
Residential Street Address <b>12 Sherwood Ln</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>06/18/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Mass Mutual</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
<b>\$500.00</b>						
Last Name <b>Decker</b>	First Name <b>John</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0114</b>	Amount of Contribution
Residential Street Address <b>254 S Main St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>	Date Received <b>06/18/2010</b>		
Principal Occupation <b>Investment Banking</b>	Name of Employer <b>Morgan Stanley Dean Witter</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
<b>\$500.00</b>						
Last Name <b>Hankin</b>	First Name <b>Marc</b>	MI <b>B</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0023</b>	Amount of Contribution
Residential Street Address <b>111 E 85th St</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10028</b>	Date Received <b>06/18/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Jenner &amp; Block LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
<b>\$250.00</b>						









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

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### B. Itemized Contributions from Individuals

Last Name Kuklina		First Name Yuliya		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0032	Amount of Contribution
Residential Street Address 30 West St			City New York		State NY	Zip Code 10004		Date Received 06/23/2010
Principal Occupation Researcher			Name of Employer The Kuklina Group LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Gualtieri		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0118	Amount of Contribution
Residential Street Address 17 Colony Rd			City West Hartford		State CT	Zip Code 06117	Date Received 06/23/2010	
Principal Occupation President			Name of Employer ProCourier, Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

Last Name Knag		First Name Paul		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0033	Amount of Contribution
Residential Street Address 27 Miller Rd		City Darien		State CT	Zip Code 06820		Date Received 06/23/2010	
Principal Occupation Attorney		Name of Employer Murtha Cullina LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name Frantz		First Name Scott		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0038	Amount of Contribution
Residential Street Address 123 Meadow Rd		City Riverside		State CT	Zip Code 06878		Date Received 06/23/2010	
Principal Occupation President		Name of Employer Haebler Capital			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	\$2,000.00

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

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### B. Itemized Contributions from Individuals

Last Name Azarm		First Name Bahman		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0119	Amount of Contribution
Residential Street Address 223 High Meadow Rd			City Southport		State CT	Zip Code 06890		Date Received 06/23/2010
Principal Occupation President			Name of Employer Solo Construction Services			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Sullivan		First Name Paula		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0112	Amount of Contribution
Residential Street Address 307 A Brittany Farms Rd		City New Britain		State CT	Zip Code 06053		Date Received 06/24/2010	
Principal Occupation retired		Name of Employer Attorney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$150.00

Last Name Moffett		First Name Rowena		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0035	Amount of Contribution
Residential Street Address 248 Maple Ave		City Old Saybrook		State CT	Zip Code 06475		Date Received 06/24/2010	
Principal Occupation Lawyer		Name of Employer Brenner, Saltzman & Wallman LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		\$500.00

Last Name <b>Freed</b>		First Name <b>Meghan</b>		MI <b>E</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0036</b>	Amount of Contribution
Residential Street Address <b>1 Linden Pl</b>			City <b>Hartford</b>		State <b>CT</b>	Zip Code <b>06106</b>		Date Received <b>06/24/2010</b>
Principal Occupation <b>Attorney</b>			Name of Employer <b>Hartford Steam Boiler I &amp; I</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Spadaccini</b>	First Name <b>Louis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0120</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>102 Wetherell St Unit 2</b>	City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06040</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>Mayor</b>	Name of Employer <b>Town of Manchester</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		
Last Name <b>Carstens</b>	First Name <b>Dan</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0034</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>11 Aquidneck Trl</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475</b>	Date Received <b>06/24/2010</b>		
Principal Occupation <b>Real Estate / Publishing</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Vallieres</b>	First Name <b>Sandra</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0100</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>376 Maple Ave</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>C.F.O.</b>	Name of Employer <b>State-Wide Electric</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Osgood</b>	First Name <b>Whit</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0094</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>283 Dayton Rd</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>06/25/2010</b>		
Principal Occupation <b>Commercial Real Estate</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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### B. Itemized Contributions from Individuals

Last Name Reiter		First Name Stanley		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0097	Amount of Contribution
Residential Street Address 71 Alston Ave			City New Haven		State CT	Zip Code 06515		Date Received 06/26/2010
Principal Occupation Doctor			Name of Employer Rome Fastener Sales Corp			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

Last Name Bysiewicz		First Name Nancy		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0107	Amount of Contribution
Residential Street Address South Plumb Road			City Middletown		State CT	Zip Code 06457	Date Received 06/26/2010	
Principal Occupation None			Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Bysiewicz		First Name Stanley		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0108	Amount of Contribution
Residential Street Address South Plumb Road		City Middletown		State CT	Zip Code 06457		Date Received 06/26/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Townasley		First Name Joe		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0121	Amount of Contribution       \$50.00
Residential Street Address 30 Butternut Ln		City Simsbury		State CT	Zip Code 06089		Date Received 06/26/2010	
Principal Occupation None		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	



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

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**B. Itemized Contributions from Individuals**

Last Name Flynn	First Name Tom	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0104	Amount of Contribution
Residential Street Address 254 Olde Stage Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 06/28/2010		
Principal Occupation Lawyer	Name of Employer Shipman & Goodwin LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Ment	First Name Jeff	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0127	Amount of Contribution
Residential Street Address 130 Gates Farm Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 06/28/2010		
Principal Occupation Lawyer	Name of Employer Rome McGuigan		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Hugessen	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0098	Amount of Contribution
Residential Street Address 283 Dayton Rd	City South Glastonbury	State CT	Zip Code 06073	Date Received 06/28/2010		
Principal Occupation Market Researcher	Name of Employer MarketStance		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
\$20.00						
Last Name Robinson	First Name David	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0042	Amount of Contribution
Residential Street Address 1974 Hartford Tpke	City North Haven	State CT	Zip Code 06473	Date Received 06/28/2010		
Principal Occupation adjunct professor of business	Name of Employer University of New Haven		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
\$200.00						

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

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

Last Name Chupaska	First Name Leo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0096	Amount of Contribution
Residential Street Address 68 Swanty Johnson Rd	City Uncasville	State CT	Zip Code 06382	Date Received 06/28/2010		
Principal Occupation MTGA CFO	Name of Employer Mohegan Tribe		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Meth	First Name Harris	MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0039	Amount of Contribution
Residential Street Address 35 Lancer Rd	City Riverside	State CT	Zip Code 06878	Date Received 06/28/2010		
Principal Occupation Manager	Name of Employer EB Brands		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Bilfield	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0040	Amount of Contribution
Residential Street Address 8 Maureen Dr	City Weston	State CT	Zip Code 06883	Date Received 06/28/2010		
Principal Occupation Lawyer	Name of Employer Shipman & Goodwin LLP		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Rudewicz	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0041	Amount of Contribution
Residential Street Address 190 River St	City South Yarmouth	State MA	Zip Code 02664	Date Received 06/28/2010		
Principal Occupation litigation consultant	Name of Employer BDO		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

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

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### B. Itemized Contributions from Individuals

Last Name Glynn		First Name Dennis		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0106	Amount of Contribution
Residential Street Address 5B Drummond Dr		City Rocky Hill		State CT	Zip Code 06067		Date Received 06/28/2010	
Principal Occupation CPA/President		Name of Employer Dennis Glynn & Co.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Anastasia	First Name Marsha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0103	Amount of Contribution  	
Residential Street Address 12 Ledgewood Rd	City West Redding	State CT	Zip Code 06896	Date Received 06/28/2010			
Principal Occupation Attorney	Name of Employer Pitney Bowes Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Woods	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0101	Amount of Contribution	
Residential Street Address 105 Tonbridge Rd	City Richmond	State VA	Zip Code 23221	Date Received 06/28/2010			
Principal Occupation Hunton & Williams	Name of Employer Attorney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Atkins		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0122		Amount of Contribution
Residential Street Address 3 Valley Field Rd S		City Sandy Hook		State CT	Zip Code 06482		Date Received 06/28/2010		
Principal Occupation Attorney		Name of Employer Pullman & Comley LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00		\$50.00



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Besso</b>	First Name <b>Michael</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0123</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>115 Ridgefield Dr</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip Code <b>06074</b>	Date Received <b>06/28/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Gioiella</b>	First Name <b>Russ</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0124</b>	Amount of Contribution          <b>\$500.00</b>
Residential Street Address <b>1026 3rd Ave # A</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10065</b>	Date Received <b>06/28/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Litman, Asche &amp; Gioiella, LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>		
Last Name <b>Manaker</b>	First Name <b>Philip</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0125</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>1013 Mott Hill Rd</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>06/28/2010</b>		
Principal Occupation <b>RETIRED</b>	Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Mattiello</b>	First Name <b>Brian</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0126</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>636 E Main St</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>	Date Received <b>06/28/2010</b>		
Principal Occupation <b>Manager</b>	Name of Employer <b>State of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>		

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

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**B. Itemized Contributions from Individuals**

Last Name <b>Nowosadko</b>	First Name <b>Paul</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0128</b>	Amount of Contribution          <b>\$250.00</b>	
Residential Street Address <b>29 Pasture Ln</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06073</b>		Date Received <b>06/28/2010</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Cooney, Scully &amp; Dowling</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>			
Last Name <b>Sargent</b>	First Name <b>Jay</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0129</b>	Amount of Contribution          <b>\$500.00</b>	
Residential Street Address <b>68 N Elm St</b>		City <b>Manchester</b>		State <b>CT</b>	Zip Code <b>06042</b>		Date Received <b>06/28/2010</b>
Principal Occupation <b>General Manager</b>		Name of Employer <b>Ace Partners LLC</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$500.00</b>			
Last Name <b>Scheininger</b>	First Name <b>Mike</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0130</b>	Amount of Contribution          <b>\$100.00</b>	
Residential Street Address <b>10104 Snowhill Ln</b>		City <b>Potomac</b>		State <b>MD</b>	Zip Code <b>20854</b>		Date Received <b>06/28/2010</b>
Principal Occupation <b>attorney</b>		Name of Employer <b>mckenna long &amp; aldrige</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>Scully</b>	First Name <b>Joseph</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0131</b>	Amount of Contribution          <b>\$150.00</b>	
Residential Street Address <b>20 Brookfield Rd</b>		City <b>West Hartford</b>		State <b>CT</b>	Zip Code <b>06107</b>		Date Received <b>06/28/2010</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Day Pitney LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$150.00</b>			

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

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### B. Itemized Contributions from Individuals

Last Name Gardiner		First Name Alan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0109	Amount of Contribution
Residential Street Address PO Box 717		City Waterford		State CT	Zip Code 06385		Date Received 06/28/2010	
Principal Occupation Real Estate		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name Flynn	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0110	Amount of Contribution
Residential Street Address 250 Weatherside Rd		City Cheshire		State CT	Zip Code 06410	Date Received 06/28/2010
Principal Occupation Attorney		Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section JI? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					Aggregate Contributions \$195.00	\$195.00

Last Name Munro		First Name Louise		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0111	Amount of Contribution          \$100.00
Residential Street Address 40 W Elm St Apt 4B		City Greenwich		State CT	Zip Code 06830	Date Received 06/29/2010		
Principal Occupation None		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Gustafson		First Name Donald		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0132	Amount of Contribution       \$500.00
Residential Street Address 5 Cobble Hill Rd		City Westport		State CT	Zip Code 06880	Date Received 06/29/2010		
Principal Occupation Attorney		Name of Employer Shipman & Goodwin LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	

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

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### B. Itemized Contributions from Individuals

Last Name Gold		First Name Steven		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0133		Amount of Contribution	
Residential Street Address 118 Sherman Ct			City Fairfield		State CT	Zip Code 06824		Date Received 06/29/2010				
Principal Occupation Attorney			Name of Employer Shipman & Goodwin LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00		\$250.00		

Last Name Bramer		First Name Mark		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0135	Amount of Contribution
Residential Street Address 2512 Einstein St		City Herndon		State VA	Zip Code 20171		Date Received 06/29/2010	
Principal Occupation Technical Resources Manager		Name of Employer ESRI			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Martini		First Name Joseph		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0136	Amount of Contribution          \$100.00
Residential Street Address 148 Fern St		City Fairfield		State CT	Zip Code 06824	Date Received 06/29/2010		
Principal Occupation Lawyer		Name of Employer Wiggin and Dana LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Sisco		First Name Dennis		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0137	Amount of Contribution          \$100.00
Residential Street Address 5 Storm Ridge Rd		City Newtown		State CT	Zip Code 06470		Date Received 06/29/2010	
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	



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

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### B. Itemized Contributions from Individuals

Last Name Gleason		First Name Neves		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0043	Amount of Contribution
Residential Street Address 49 Maplehurst Ct .			City Cheshire		State CT	Zip Code 06410		Date Received 06/29/2010
Principal Occupation Operations Mgr.			Name of Employer Jet Process Corporation			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	

Last Name Friedman		First Name William		MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0045	Amount of Contribution
Residential Street Address 320 Central Park W			City New York		State NY	Zip Code 10025		Date Received 06/29/2010
Principal Occupation Real Estate		Name of Employer Tarragon Corp			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00
								\$500.00

Last Name Considine		First Name Michael		MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0046	Amount of Contribution
Residential Street Address 39 Sweet Briar Ct			City Stamford		State CT	Zip Code 06905		Date Received 06/29/2010
Principal Occupation Attorney		Name of Employer Day Pitney LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	\$150.00

Last Name <b>Tataro</b>		First Name <b>Thomas</b>		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0047</b>	Amount of Contribution
Residential Street Address <b>7 Chase Hollow Ln</b>		City <b>Glastonbury</b>		State <b>CT</b>	Zip Code <b>06033</b>		Date Received <b>06/29/2010</b>	
Principal Occupation <b>Manager</b>		Name of Employer <b>Open Solutions Inc</b>			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions  <b>\$250.00</b>	<b>\$250.00</b>

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

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

Last Name lent	First Name susan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0048	Amount of Contribution
Residential Street Address 3529 Malvern Ct	City Alexandria	State VA	Zip Code 22304	Date Received 06/29/2010		
Principal Occupation Attorney	Name of Employer Akin Gump Strauss Hauer & Feld		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Bergenn	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0049	Amount of Contribution
Residential Street Address 50 Castlewood Rd	City West Hartford	State CT	Zip Code 06107	Date Received 06/29/2010		
Principal Occupation Senior Legal Analyst	Name of Employer Prudential		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00		
\$1,500.00						
Last Name Fischer	First Name Mark	MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0050	Amount of Contribution
Residential Street Address 213 Pepperbush Rd	City Louisville	State KY	Zip Code 40207	Date Received 06/29/2010		
Principal Occupation none	Name of Employer Rawlings & Associates		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Mooney	First Name Marlee	MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0051	Amount of Contribution
Residential Street Address 15 Lemay St	City West Hartford	State CT	Zip Code 06107	Date Received 06/29/2010		
Principal Occupation Teacher	Name of Employer West Hartford Board of Education		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						

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

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

Last Name <b>Fahey</b>	First Name <b>Patrick</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0052</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>67 Bluff Point Rd</b>	City <b>South Glastonbury</b>	State <b>CT</b>	Zip Code <b>06073</b>	Date Received <b>06/29/2010</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Shipman &amp; Goodwin LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>	
Last Name <b>Simpson</b>	First Name <b>Robert</b>	MI <b>R</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0053</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>2 Ingelside Dr</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>06/29/2010</b>	
Principal Occupation <b>Attorney</b>	Name of Employer <b>Shipman &amp; Goodwin</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>	
Last Name <b>Tracey</b>	First Name <b>Dennis</b>	MI <b>H</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0054</b>	Amount of Contribution          <b>\$100.00</b>
Residential Street Address <b>18 Echo Hill Rd</b>	City <b>Weston</b>	State <b>CT</b>	Zip Code <b>06883</b>	Date Received <b>06/29/2010</b>	
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Hogan Lovells US LLP</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Hall</b>	First Name <b>Brandon</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # <b>0055</b>	Amount of Contribution          <b>\$1,000.00</b>
Residential Street Address <b>76 Pilgrim Dr .</b>	City <b>Tolland</b>	State <b>CT</b>	Zip Code <b>06084</b>	Date Received <b>06/29/2010</b>	
Principal Occupation <b>Owner</b>	Name of Employer <b>Genex Turbine Technologies, LLC</b>	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$1,000.00</b>	



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

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**B. Itemized Contributions from Individuals**

Last Name Shea	First Name Michael	MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0044	Amount of Contribution
Residential Street Address 325 N Quaker Ln	City West Hartford	State CT	Zip Code 06119	Date Received 06/29/2010		
Principal Occupation Lawyer	Name of Employer Day Pitney LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Lawrence	First Name Larry	MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0057	Amount of Contribution
Residential Street Address 40 Brookridge Dr	City Greenwich	State CT	Zip Code 06830	Date Received 06/29/2010		
Principal Occupation Investment Manager	Name of Employer Allegra Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00	
Last Name Janney	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0139	Amount of Contribution
Residential Street Address 975 Stonington Rd	City Pawcatuck	State CT	Zip Code 06379	Date Received 06/29/2010		
Principal Occupation Attorney	Name of Employer Block, Janney & Pascal, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00	
Last Name Chase	First Name Cheryl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0134	Amount of Contribution
Residential Street Address 84 High Ridge Rd	City West Hartford	State CT	Zip Code 06117	Date Received 06/29/2010		
Principal Occupation Attorney	Name of Employer Chase Enterprises	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00	







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

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**B. Itemized Contributions from Individuals**

Last Name <b>Stanton</b>	First Name <b>Jerry</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0062</b>	Amount of Contribution          <b>\$50.00</b>
Residential Street Address <b>18 Larkins Way</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Harrington &amp; Smith</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$50.00</b>		
Last Name <b>Bysiewicz</b>	First Name <b>Gail</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0142</b>	Amount of Contribution          <b>\$2,000.00</b>
Residential Street Address <b>38 Red Hill Dr</b>	City <b>Glastonbury</b>	State <b>CT</b>	Zip Code <b>06033</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Administrator/legislative liaison</b>	Name of Employer <b>University of Connecticut</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$2,000.00</b>		
Last Name <b>O'Reilly</b>	First Name <b>Francis</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0061</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>869 Valley Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>O'Reilly &amp; Shorum</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
Last Name <b>Dowd</b>	First Name <b>Glenn</b>	MI <b>W</b>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0063</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>8 Robkins Rd</b>	City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Attorney</b>	Name of Employer <b>Day Pitney LLP</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		

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

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### B. Itemized Contributions from Individuals

Last Name Das	First Name Proloy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0064	Amount of Contribution
Residential Street Address 83B Union St	City Vernon	State CT	Zip Code 06066	Date Received 06/30/2010		
Principal Occupation Attorney	Name of Employer Rome McGuigan			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative						\$250.00

Last Name Heath		First Name Edward		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0066	Amount of Contribution
Residential Street Address 28 Brightman Cir			City South Windsor		State CT	Zip Code 06074		Date Received 06/30/2010
Principal Occupation Layer			Name of Employer Robinson & Cole LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Sansón		First Name Paul		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0068	Amount of Contribution
Residential Street Address 26 Midlands Dr .		City West Hartford		State CT	Zip Code 06107		Date Received 06/30/2010	
Principal Occupation lawyer		Name of Employer Shipman & Goodwin			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Harris		First Name Mitchell		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0069	Amount of Contribution
Residential Street Address 194 Reverknolls			City Avon		State CT	Zip Code 06001		Date Received 06/30/2010
Principal Occupation Attorney			Name of Employer Day Pitney LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00



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

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### B. Itemized Contributions from Individuals

Last Name Harrington		First Name Frank		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0144	Amount of Contribution
Residential Street Address 25 Farm Meadow Rd		City Newtown		State CT	Zip Code 06470		Date Received 06/30/2010	
Principal Occupation Electronic Component Sales		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00

Last Name Fader		First Name Mark		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0145	Amount of Contribution
Residential Street Address 505 Greenwich St			City New York		State NY	Zip Code 10013		Date Received 06/30/2010
Principal Occupation Photographer			Name of Employer Self-employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,500.00	

Last Name DeLuca		First Name Frederick		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0147	Amount of Contribution
Residential Street Address 1924 Sunrise Key Blvd			City Fort Lauderdale		State FL	Zip Code 33304		Date Received 06/30/2010
Principal Occupation Executive Management			Name of Employer Franchise World Headquarters			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	

Last Name Steigelfest		First Name Jack		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0148	Amount of Contribution
Residential Street Address 26 Tamarac Dr		City Glastonbury		State CT	Zip Code 06106		Date Received 06/30/2010	
Principal Occupation Attorney		Name of Employer Howard Kohn Sprague & FitzGerald			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00



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

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**B. Itemized Contributions from Individuals**

Last Name <b>Bahr</b>	First Name <b>Arthur</b>	MI <b>S</b>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0150</b>	Amount of Contribution          <b>\$200.00</b>
Residential Street Address <b>11 Guardhouse Dr</b>	City <b>West Redding</b>	State <b>CT</b>	Zip Code <b>06896</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$200.00</b>		
Last Name <b>Deitelbaum</b>	First Name <b>John</b>	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # <b>0154</b>	Amount of Contribution          <b>\$250.00</b>
Residential Street Address <b>11 Middle Rd</b>	City <b>Ellington</b>	State <b>CT</b>	Zip Code <b>06029</b>	Date Received <b>06/30/2010</b>		
Principal Occupation <b>Lawyer</b>	Name of Employer <b>Mass Mutual</b>		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <b>\$250.00</b>		
<b>Total of Section B</b>						<b>\$70,640.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 14 of Summary Page)						<b>\$70,640.00</b>

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

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

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

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

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

**D. Loans Received this Period**

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

**Total of Section D**

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

NAME OF COMMITTEE		FILING DUE DATE	
Garber For Attorney General		Original 07/12/2010	
<b>E. Personal Funds of the Candidate Received this Period</b>			
Date Received 06/08/2010	Amount \$2,000.00	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Total of Section E			<b>\$2,000.00</b>

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

NAME OF COMMITTEE					FILING DUE DATE
Garber For Attorney General					Original 07/12/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

<b>I. Monetary Receipts (Section A-I)</b>
---

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Institution	Date Received	Total Amount Received
Street Address	City	
	State	Zip Code

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

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



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

NAME OF COMMITTEE				FILING DUE DATE	
Garber For Attorney General				Original 07/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

### J1. Fundraising Event Information

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of the Purchaser      Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment:			Aggregate Amount of Purchases
			Cash	Personal Check	Credit/Debit Card	
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
<b>Total of Section J2</b>						

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

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

**Total of Section J3**

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

#### K. In-Kind Contributions

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

**Total of Section K**

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

### L. Refundable Deposit to Telephone Company

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

### III. NONMONETARY RECEIPTS

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

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Garber For Attorney General						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Quality Communications					06/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	0991	<input type="checkbox"/> Debit Card	
PO Box 633	Hartford	CT	06142	A-DM			
Description					Event #		
Purchase of Targeted Mailing Lists (partial)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
John Fluharty					06/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	0992	<input type="checkbox"/> Debit Card	
2125 14th St NW	Washington	DC	20036	CNSLT			
Description					Event #		
Fees Paid to Campaign Management Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$750.00
Name of Payee					Date of Payment	Method of Payment	Amount
Bank of America					06/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
185 Asylum St	Hartford	CT	06103	BNK			
Description					Event #		
Fee to Wire Transfer Funds to Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$25.00



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

## N. Expenses Paid By Committee

Name of Payee Johnston Consulting, Inc.					Date of Payment 06/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$4,229.29
Street Address 97 State St	City Montpelier	State VT	Zip Code 05602	Purpose of Expenditure CNSLT	<input checked="" type="checkbox"/> Debit Card		
Description Fees Paid to Communications Management Consultant					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Piryx, Inc.					Date of Payment 06/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$202.50
Street Address 401 W 15th St Ste 520	City Austin	State TX	Zip Code 78701	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Description Fees for Online Contribution Management					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Piryx, Inc.					Date of Payment 06/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$15.75
Street Address 401 W 15th St Ste 520	City Austin	State TX	Zip Code 78701	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Description Fees for Online Contribution Management					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					06/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
401 W 15th St Ste 520	Austin	TX	78701	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$4.50	

Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					06/28/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
401 W 15th St Ste 520	Austin	TX	78701	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$11.25	

Name of Payee					Date of Payment	Method of Payment	Amount
Piryx, Inc.					06/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
401 W 15th St Ste 520	Austin	TX	78701	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$56.25	

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Garber For Attorney General						Original 07/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
Pirya, Inc.					06/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
401 W 15th St Ste 520	Austin	TX	78701	WEB			
Description					Event #		\$60.75
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
John Fluharty					06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1002</u> <input type="checkbox"/> Debit Card		
2125 14th St NW	Washington	DC	20036	CNSLT			
Description					Event #		\$700.00
Fees Paid to Campaign Management Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Edonation.com					06/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
118 N St Asaph St	Alexandria	VA	22314	WEB			
Description					Event #		\$466.71
Fees for Online Contribution Management							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Total of Section N</b>						<b>\$11,703.13</b>	

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

## O. Campaign Expenses Paid By Candidate

Name of Payee FedEx Kinko's			Date of Payment 05/21/2010	Is Reimbursement Claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount          \$3,968.64
Street Address 175 Glastonbury Blvd	City Glastonbury	State CT	Zip Code 06033		
Purpose of Expenditure PRNT	Description Printing Literature and Other Materials for Convention		Event #		

Name of Payee Action Blueprint & Supplies			Date of Payment 05/21/2010	Is Reimbursement Claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount          \$1,537.00
Street Address 284 Broad St	City Manchester	State CT	Zip Code 06040		
Purpose of Expenditure PRNT	Description Printing Signs, Stickers, etc., for Convention		Event #		

Name of Payee Connecticut Convention Center			Date of Payment 05/21/2010	Is Reimbursement Claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount          \$19.00
Street Address 100 Columbus Blvd	City Hartford	State CT	Zip Code 06106		
Purpose of Expenditure ATT *	Description Parking for Republican State Convention (Ross Garber)		Event #		

Name of Payee Expedia.com			Date of Payment 06/06/2010	Is Reimbursement Claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount          \$757.30
Street Address 333 108th Ave NE	City Bellevue	State WA	Zip Code 98004		
Purpose of Expenditure ATT *	Description Airfair to/from Republican Attorney General Conference (Ross Garber)		Event #		

#### IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Garber For Attorney General						Original 07/12/2010		
O. Campaign Expenses Paid By Candidate								
Name of Payee The Broadmoor					Date of Payment 06/08/2010		Is Reimbursement Claimed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
Street Address 1 Lake Ave			City Colorado Springs		State CO	Zip Code 80901		
Purpose of Expenditure ATT *		Description Hotel Stay at Republican Attorney General Conference (Ross Garber)					Event #	
\$794.52								
Total of Section O								
\$7,076.46								

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





# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Lorraine Marchetti		Date Incurred 05/31/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure EFV *	Description Computer Purchase, Best Buy, Manchester, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$402.76

  

Name of Creditor Lorraine Marchetti		Date Incurred 06/02/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure EFV *	Description Office Supplies, Staples, East Hartford, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$42.12

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Quality Communications		Date Incurred 06/02/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 633		City Hartford	State CT	Zip Code 06142	
Purpose of Expenditure A-DM	Description Purchase of Targeted Mailing Lists (balance)				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$3,360.00

  

Name of Creditor Lorraine Marchetti		Date Incurred 06/04/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure PRNT	Description FedEx Kinko's, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$7.41

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Lorraine Marchetti		Date Incurred 06/08/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure EFV *	Description Desk furniture and other supplies, Staples, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Lorraine Marchetti		Date Incurred 06/10/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure OFFICE	Description Office Supplies, CVS, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

\$620.18

\$22.28

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Verizon Wireless		Date Incurred 06/13/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 15062		City Albany	State NY	Zip Code 12212	
Purpose of Expenditure EFV *	Description Wireless Telephone Services				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$353.35
Name of Creditor Matt Stauble Photo		Date Incurred 06/13/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 429 Eastbury Hill Rd		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure WEB	Description Photography for Reproduction on Internet Site				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$200.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Lorraine Marchetti		Date Incurred 06/14/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure EFV *	Description Car Phone Charger (purchase) - Verizon Wireless, Glastonbury, Conn.				
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>					
\$31.79					

  

Name of Creditor Lorraine Marchetti		Date Incurred 06/14/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure OFFICE	Description Office Supplies, Staples, Glastonbury, Conn.				
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>					
\$89.06					

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Lorraine Marchetti		Date Incurred 06/15/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 42 Steep Holw		City Glastonbury		State CT		Zip Code 06033
Purpose of Expenditure OFFICE	Description Office Supplies, Stop & Shop, Glastonbury, Conn.					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Creditor Recognition, Inc.		Date Incurred 06/17/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 77 Kreiger Land		City Glastonbury		State CT		Zip Code 06033
Purpose of Expenditure A-OTH	Description Badge for Candidate					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Johnston Consulting, Inc.		Date Incurred 06/17/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 97 State St		City Montpelier	State VT	Zip Code 05602	
Purpose of Expenditure CNSLT	Description Fees Due to Fundraising Consultant, June 2010				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$3,000.00

  

Name of Creditor Lorraine Marchetti		Date Incurred 06/18/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure EFV *	Description Office Equipment, Staples, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$101.93

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Jason Lovell		Date Incurred 06/18/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 37 Tanglewood Dr		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure EFV *	Description Computer Installation and Maintenance, Zoom Computer Consulting, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$592.09

  

Name of Creditor Johnston Consulting, Inc.		Date Incurred 06/18/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 97 State St		City Montpelier	State VT	Zip Code 05602	
Purpose of Expenditure PRNT	Description Fees for Printing Fundraising Letters, etc.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$599.19



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Lorraine Marchetti		Date Incurred 06/24/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure OFFICE	Description FedEx Kinko's, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Lorraine Marchetti		Date Incurred 06/24/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 42 Steep Holw		City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure PRNT	Description Office Supplies, Staples, Glastonbury, Conn.				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

\$15.07

\$161.08

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

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

Name of Creditor Lorraine Marchetti		Date Incurred 06/24/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 42 Steep Holw		City Glastonbury		State CT		Zip Code 06033
Purpose of Expenditure A-WEB	Description E-mail Marketing to Constant Contact, Waltham, Mass.					
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>						
					\$75.00	

Total of Section Q

**\$10,366.82**

# IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE		
Garber For Attorney General				Original 07/12/2010		
<b>R. Itemization of Reimbursements to Committee Workers and Consultants</b>						
Name of Worker/Consultant			Date of Payment		Method of Payment Check #	Amount
Secondary Payee			Purpose of Expenditure			
Street Address		City	State	Zip Code		
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No			Other Candidate(s) Name		Office Sought	
Total of Section R						

<b>IV. EXPENDITURES</b>
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NAME OF COMMITTEE	FILING DUE DATE
Garber For Attorney General	Original 07/12/2010

<b>S. Surplus Distribution of Equipment and Furniture</b>
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Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				

<b>Total of Section S</b>	
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