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			SUM	IMARY	PAGE						
1.NAME OF COMMITTEE							2. TY	PE OF COMMITTEE			
Jodi Rell, Governor								Candidate Committee Exploratory Committee			
3. TREASURER NAME				_							
Title	First Thomas			MI J	Last Filomeno			Suffix			
4. TREASURER ADDRESS								•			
Street Address			City			State		Zip Code			
31 Bonny View Rd			West	Hartford			06107				
5. ELECTION DATE 6. OFFICE SOUGHT (if applicable)								RICT CODE (if applicable)			
11/02/2010											
8. CANDIDATE NAME	1	-		1	1		-				
Title	First M.			MI Jodi	Last Rell			Suffix			
9. TYPE OF REPORT					•						
October 10 Filing - Original											
10. PERIOD COVERED	10. PERIOD COVERED										
		Beginning Date			Ending Date						
		07/01/2009	thr	u	09/30/2009						
			11 CEI		T						
			11. CEr	RTIFICATION	N						
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.											
Electronic Filing		Thomas Filomeno			10/1	3/2009					
SIGNATURE		PRINT NAME OF TH		ER	-	CERTIFIED)				
					BLE BY FINE NOT TO EXCEED HAN ONE YEAR, OR BOTH.						

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

NAME OF COMMITTEE	FILING DUE DATE	
Jodi Rell, Governor	Original 10/13/2009	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$70,550.84	
14. Contributions received from Individuals (Section A and B)	\$14,760.00	\$105,223.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$14,760.00	\$105,223.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$85,310.84	\$105,223.00
20. Expenses Paid by Committee (Section N)	\$2,472.79	\$22,384.95
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$82,838.05	\$82,838.05
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

SUMMARY PAGE

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								1	FILING	DUE DATE
Jodi Rell, Governor								(Origina	al 10/13/2009
A. Total Contributions from	n Small (Contributors-Receiv	ved this P	Period	I ONLY					
(See instructions for definition of Small	Contributor)				Subt	otal Section A	\$0.00			
		B. Itemized Cont	ributions	from	Individu	als		-		
Last Name Wasserman	First Name Julia		MI B		Method of c Cash Money	X Persona	ll Check Debit Card	Contribution 1245	ID #	Amount of Contribution
Residential Street Address 113 Walnut Tree Hill Rd		City Sandy Hook			State CT	Zip Code 06482		Date Received		
Principal Occupation Board of Pardon & Paroles		Name of Employer State of CT				Is this contribution ass fundraising event listed If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dep		tor a lobbyist child of a lobb es X	oyist?	Aggre	egate Contributio \$10	ons 0.00	\$100.00
Last Name Reilly	First Name Richard		МІ		Method of c Cash Money	X Persona	ıl Check Debit Card	Contribution 1244	ID #	Amount of Contribution
Residential Street Address 223 Franklin Rd		City Hamden			State CT	Zip Code 06517		Date Received		
Principal Occupation		Name of Employer Retired				Is this contribution ass fundraising event listed If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dep		tor a lobbyist child of a lobb es X	oyist?	Aggre	egate Contributio \$5	ons 0.00	\$50.00
Last Name Rodgers	First Name Moira		MI B		Method of c	X Persona	ll Check Debit Card	Contribution 1254	ID #	Amount of Contribution
Residential Street Address 208 Hattertown Rd		City Newtown	·		State CT	Zip Code 06470		Date Received		
Principal Occupation		Name of Employer Self				Is this contribution ass fundraising event listed If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dep		tor a lobbyist child of a lobb es X	oyist?	Aggre	egate Contributio \$2	ons 5.00	\$25.00
Last Name Ohnell	First Name Ernst		МІ		Method of c Cash Money	X Persona	ll Check Debit Card	Contribution 1255	ID #	Amount of Contribution
Residential Street Address 75 Khakum Wood Rd		City Greenwich			State CT	Zip Code 06831		Date Received		
Principal Occupation Investing		Name of Employer Self		+		Is this contribution ass fundraising event listed If yes, list Event #				
Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislative										

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Jodi Rell, Governor								Origina	al 10/13/2009
		B. Itemized Contribution	ons from	Individu	ials				
Last Name	First Name		мі	Method of	contribution:			ID //	
Balogh	Anne		M				1252		Amount of Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
731 Still Hill Rd		Hamden		СТ	06518	0	7/07/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Is yes, indicate which branch or branches of							ons \$5.00	\$5.00
Last Name Samenuk	First Name George	1	MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 1243	n ID #	Amount of Contribution
Residential Street Address 61 Shadow Ln		City Ridgefield		State CA	Zip Code 06877		ate Received 7/07/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggrey	gate Contributi \$10	ions 00.00	\$100.00
Last Name Hubler	First Name Bruce		MI A	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 1246	n ID #	Amount of Contribution
Residential Street Address 149 Old Battery Rd		City Bridgeport		State CT	Zip Code 06605		ate Received 7/07/2009		
Principal Occupation Retired		Name of Employer The Dunn & Bradstreet Group)		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name Tanski	First Name Lillian		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 1248	n ID #	Amount of Contribution
Residential Street Address 1893 Main St		City Glastonbury		State CT	Zip Code 06033		ate Received 7/07/2009		
Principal Occupation stay at home mom		Name of Employer		·	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions state contractor?									\$10.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE]	FILING	DUE DATE
Jodi Rell, Governor							(Origina	al 10/13/2009
		B. Itemized Contribution	ons from	Individu	ials				
Last Name	First Name		MI	Mathod of	contribution:			D #	
Tanski	John		M	Cash	Method of contribution: Contribut Cash Personal Check Money Order Credit/Debit Card			ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
1893 Main St		Glastonbury		СТ	06033	0	7/07/2009		
Principal Occupation Attorney		Name of Employer Robinsn & Cole			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob res X	byist?	Aggre	gate Contributio \$1	ons .0.00	\$10.00
Last Name McMahon	First Name Linda		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 1250	ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
14 Hurlingham Dr		Greenwich		СТ	06831		7/07/2009		
Principal Occupation CEO		Name of Employer WWE, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributio \$10	ons 0.00	\$100.00
Last Name Feliciano	First Name Teodoro		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
245 Linnmore St		Hartford		СТ	06106	0	7/07/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributio \$2	ons 5.00	\$25.00
Last Name Reynolds	First Name Tom		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 1253	ID #	Amount of Contribution
Residential Street Address 22 Oak Ridge Dr		City Haddam		State CT	Zip Code 06438		ate Received 7/07/2009		
Principal Occupation Sales		Name of Employer Tom Reynolds, LLC			Is this contribution associa fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg									\$100.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Jodi Rell, Governor								Origin	al 10/13/2009	
		B. Itemized Contribution	ons from	Individu	ials		•			
Last Name	First Name		MI	Method of	contribution:		Contributio	on ID #	Amount of	
Stramel	Stramel Joan					Cash X Personal Check Money Order Credit/Debit Card				
Residential Street Address 16 Steeple Chase Rd				State CT	Zip Code 06088		ate Received 7/07/2009)		
Principal Occupation		Name of Employer			Is this contribution associa			1		
Retired		Name of Employer			fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggreg	gate Contribu \$	tions 25.00	\$25.00	
government the contract is with:		Executive Legislative		es X			1			
Last Name Wallace	First Name Jim		MI	Cash	contribution: V Order Credit/Deb		Contributio	on ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
71 Westerly Ter		Hartford		СТ	06105		7/14/2009)		
Principal Occupation Technician		Name of Employer CBS			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
Last Name Carbone	First Name Vincent		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contributio	on ID #	Amount of Contribution	
Residential Street Address 25 Garden St		City Wethersfield		State CT	Zip Code 06109		ate Received 7/14/2009)		
Principal Occupation Owner		Name of Employer Carbone's Restaurant		I	Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
Last Name Smalley	First Name Genevieve	2	MI	Cash	contribution: X Personal C / Order Credit/Deb		Contributio	on ID #	Amount of Contribution	
Residential Street Address 55 N Obstuse Rd		City Brookfield	•	State CT	Zip Code 06804		ate Received 7/14/2009)		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative									\$50.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							1	FILING	DUE DATE
Jodi Rell, Governor							(Origina	al 10/13/2009
		B. Itemized Contribution	ons from	Individu	als				
Last Name	First Name		MI	Method of	contribution:		Contribution	ID #	
Bartolini	David			Control Contro				ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
327 Nova Scotia Hill Rd		Watertown		СТ	06795	0	7/14/2009		
Principal Occupation Engineer		Name of Employer Marlin Controls, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contributio \$10	ons 0.00	\$100.00
Last Name Mannion, Jr.	First Name Arthur		MI J	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution
Residential Street Address 7134 Avalon Valley Dr		City Danbury		State CT	Zip Code 06810		ate Received 7/14/2009		
Principal Occupation Lawyer		Name of Employer Self		<u> </u>	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggre	gate Contributio \$1	ons 0.00	\$10.00
Last Name Streeter	First Name Anne		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
31 Brookmoor Rd		West Hartford		СТ	06107	0	7/14/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributio \$10	ons 0.00	\$100.00
Last Name Henry	First Name Barbara		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution
Residential Street Address 74 Mallory Rd		City Roxbury		State CT	Zip Code 06783		ate Received 7/14/2009		
Principal Occupation First Selectman		Name of Employer Town of Roxbury			Is this contribution associa fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributio \$50	ons 0.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Jodi Rell, Governor							Origin	al 10/13/2009	
		B. Itemized Contributi	ons fron	Individu	lals				
Last Name Milardo	First Name Joseph		MI	Method of Cash	contribution: X Personal Ch v Order Credit/Debi	1261	ion ID #	Amount of Contribution	
Residential Street Address 42 Morgan St	•	City Middletown	·	State CT	Zip Code 06457	Date Received 07/14/200			
Principal Occupation		Name of Employer Self			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions \$5.00	\$5.00	
Last Name Jeter	First Name S. Edwarc	1	MI	Cash	contribution: X Personal Ch / Order Credit/Debi	1265	ion ID #	Amount of Contribution	
Residential Street Address 221 Deercliff Rd		City Avon		State CT	Zip Code 06001	Date Received 07/14/200			
Principal Occupation Retired		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Milardo	First Name Lucille		MI	Cash	contribution: X Personal Ch v Order Credit/Debi	1262	ion ID #	Amount of Contribution	
Residential Street Address 28 Durwin St		City Middletown		State CT	Zip Code 06457	Date Received 07/14/200			
Principal Occupation Retired		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions \$5.00	\$5.00	
Last Name Mitchell	First Name Francis		MI	Method of Cash	contribution: X Personal Ch v Order Credit/Debi	1264	ion ID #	Amount of Contribution	
Residential Street Address 313 Fitchville Rd		City Bozrah		State CT	Zip Code 06334	Date Received 07/14/200			
Principal Occupation Retired		Name of Employer	-		Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions \$25.00	\$25.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Ite	emized Contributi	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contribution	ID#	
Franklin	Barbara				Cash	y Order		1448	I ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
1875 Perkins St		Bristol			СТ	06010	0	7/14/2009		ļ
Principal Occupation		Name of Er	nployer	-		Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name Lasala, Jr.	First Name Andrew			MI J	Cash	contribution: X Personal (y Order Credit/De		Contribution 1274	n ID #	Amount of Contribution
Residential Street Address 41 Ruscoe Rd		^{City} Wilton			State CT	Zip Code 06897		ate Received 7/23/2009		
Principal Occupation Builder/Developer		Name of Er Summer	^{nployer} view Development G	roup		Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name Colonis	First Name Harry			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 1267	n ID #	Amount of Contribution
Residential Street Address 35 Paula Ln		City Waterfore	đ		State CT	Zip Code 06385		ate Received 7/23/2009		
Principal Occupation Banker		Name of Er C.G.B.	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
Last Name Foley	First Name Tom			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 1271	n ID #	Amount of Contribution
Residential Street Address 62 Khakum Wood Rd		^{City} Greenwic	h		State CT	Zip Code 06831		ate Received 7/23/2009		
Principal Occupation Businessman		Name of Er NTC Gro				Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg									\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Jodi Rell, Governor							Origina	al 10/13/2009	
	B. Itemized Contributi	ions from II	ndividu	als		•			
Last Name First Nat	le	MI <u>N</u>	Method of c	contribution:		Contribution	ID #	Amount of	
Nikola Nick	Nikola Nick					1268		Contribution	
Residential Street Address	City		State	Zip Code		ate Received			
146 Linden Ave	Bridgeport		СТ	06604		7/23/2009			
Principal Occupation State Marshal	Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospec state contractor? Is yes, indicate which branch or branches of government the contract is with:	Is yes, indicate which branch or branches of							\$100.00	
Last Name First Nar Forbis John	ie		Method of c Cash Money	ontribution: X Personal Cl Order Credit/Deb		Contribution 1269	ID #	Amount of Contribution	
Residential Street Address 43 Lynne St	City Old Lyme		State CT	Zip Code 06371		ate Received 7/23/2009			
Principal Occupation	Name of Employer			Is this contribution associa		· ·			
Retired	Name of Employer			fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospec state contractor? Is yes, indicate which branch or branches of government the contract is with:	ve ver ves x No	Is contributor dependent chi		oyist?	Aggreg	gate Contributio \$10	ons)0.00	\$100.00	
Last Name First Na Sanford Virgini		MI V	Method of c Cash Money	ontribution: X Personal Cl Order Credit/Deb		Contribution 1270	ID #	Amount of Contribution	
Residential Street Address 1831 Hillside Rd	City Fairfield		State CT	Zip Code 06824		ate Received 7/23/2009			
Principal Occupation Retired	Name of Employer	ł		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospec state contractor? Is yes, indicate which branch or branches of government the contract is with:	ve Yes X No	Is contributor dependent chi Yes		oyist?	Aggreg	gate Contributio \$10	ons 00.00	\$100.00	
Last Name First Nar Hartig Albert	ie		Method of c Cash Money	ontribution: X Personal Cl Order Credit/Debi		Contribution 1272	ID #	Amount of Contribution	
Residential Street Address 180 Otter Rock Dr Principal Occupation Retired	City Greenwich Name of Employer		State CT	Zip Code 06830 Is this contribution associa fundraising event listed in	Da 07 ted with a	1? 💾	Yes		
Retired If yes, list Event # If yes, list Event # No Is contributor a principal of a state contractor or prospective Yes Yes No Is contributor a principal of a state contractor or prospective Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes No									

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Jodi Rell, Governor								Origina	al 10/13/2009
		B. Itemized Contribution	ons from	Individu	ials				
Last Name	First Name		MI	Method of a	contribution:		Contribution	ID #	
Gnazzo	Anne		D	Cash	Contra			110 #	Amount of Contribution
Residential Street Address 7403 Windy Hill Ct		City McLean		State VA	Zip Code 22102		ate Received 7/23/2009		
Principal Occupation Retired	ncipal Occupation Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contributi \$10	ons)0.00	\$100.00
Last Name Borchert	First Name C. Allen	1	MI	Cash	contribution: X Personal Cl / Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 115 Essex Mdws		City Essex		State CT	Zip Code 06426		ate Received 8/04/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contributi \$1	ons 10.00	\$10.00
Last Name Oates	First Name James		MI W	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution 1276	ID#	Amount of Contribution
Residential Street Address 330 N Granby Rd		City North Granby		State CT	Zip Code 06060		ate Received 8/04/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributi \$8	ons 30.00	\$80.00
Last Name Brogden	First Name Mary		MI	Cash	contribution: X Personal Cl / Order Credit/Deb		Contribution 1277	ID#	Amount of Contribution
Residential Street Address 201 Dromara Rd		City Guilford		State CT	Zip Code 06437		ate Received 8/11/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist child of a lob es	byist?	Aggres	gate Contributi \$5	ons 50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Jodi Rell, Governor								Origina	al 10/13/2009
		B. Itemized Contribution	ons from	Individu	lals				
Last Name Dombrowski	First Name Robert		MI	Cash	contribution:		Contribution	n ID #	Amount of Contribution
Residential Street Address		City		State Money	Zip Code Credit/Deb		ate Received		
615 Foxboro Dr		Norwalk		СТ	06851	08	8/18/2009		
Principal Occupation Account Executive		Name of Employer Clarins			Is this contribution associa fundraising event listed in If yes, list Event #		1? 느	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Is yes, indicate which branch or branches of							tions 00.00	\$100.00
Last Name Dombrowski	First Name Denise		MI	Method of o Cash Money	contribution: X Personal C Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 135 Wren Dr		City Suffield		State CT	Zip Code 06078		ate Received 8/18/2009		
Principal Occupation X-Ray Tech		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		$_{1?}$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Dombrowski	First Name Edward		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 135 Wren Dr		City Suffield		State CT	Zip Code 06078		ate Received 8/18/2009	1	
Principal Occupation Consultant		Name of Employer Advantech			Is this contribution associa fundraising event listed in If yes, list Event #		19 L	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Priest	First Name William		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 28 Walker Ln		City West Hartford		State CT	Zip Code 06117		ate Received 8/18/2009		
Principal Occupation Engineer		Name of Employer OPS			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No									\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Jodi Rell, Governor								Origina	al 10/13/2009	
		B. Itemized Contribution	ons from	Individu	lals					
Last Name	First Name		MI	Method of o	contribution:		Contribution	n ID #	Amount of	
Coppage	Tim			Cash Money	V Order Personal C		1284		Contribution	
Residential Street Address 4 Murfield Ln		City Bloomfield	State CT	Zip Code 06002		ate Received 8/18/2009				
					Is this contribution associa					
Housing Development	fundraising						ing event listed in Section J1? Yes ist Event # X No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:									\$100.00	
Last Name Mayfield	First Name Patricia		MI H	Cash	contribution: X Personal C Order Credit/Deb		Contributior 1285	n ID #	Amount of Contribution	
Residential Street Address 380 Hitchcock Rd Unit 246		City Waterbury		State CT	Zip Code 06075		ate Received 8/18/2009			
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Commissioner Labor Dept If yes, list Event #								Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggres	gate Contributi \$1(ions 00.00	\$100.00	
Last Name Shilinga	First Name Joseph		MI D	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution	
Residential Street Address 20 William St		^{City} New Britain		State CT	Zip Code 06051		ate Received 8/18/2009			
Principal Occupation Communication Director		Name of Employer City of New Britain			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributi \$10	ions 00.00	\$100.00	
Last Name Zelepos	First Name Danielle		MI	X Cash	contribution: Personal C v Order Credit/Deb		Contributior 1288	n ID #	Amount of Contribution	
Residential Street Address 56 W Main St		City Mystic		State CT	Zip Code 06355		ate Received 8/18/2009			
Principal Occupation n/a		Name of Employer n/a		·	Is this contribution associa fundraising event listed in If yes, list Event #		1? □	Yes No		
Is contributor a principal of a state contractor or prospective tate contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legis										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Jodi Rell, Governor								Origina	al 10/13/2009	
		B. Itemized Contributio	ons from	Individu	lals					
Last Name	First Name		MI		contribution:		Contribution	n ID #	Amount of	
Zelepos	John			X Cash Money	Order Personal C Credit/Deb		1289		Contribution	
Residential Street Address		City		State	Zip Code		ate Received 8/18/2009			
56 W Main St		Mystic		СТ	06355 Is this contribution associa					
Principal Occupation Owner		Name of Employer Self			fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Yes X No								\$100.00		
Last Name Merrigan	First Name Michael		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 1282	n ID #	Amount of Contribution	
Residential Street Address 40 Duncaster Rd		City Bloomfield		State CT	Zip Code 06002		ate Received 8/18/2009			
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Program analyst TSA/DHS-Dept. of Homeland Security If yes, list Event # Xoo										
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributi \$10	ions 00.00	\$100.00	
Last Name Agnew	First Name Linda		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 1278	n ID #	Amount of Contribution	
Residential Street Address 4 Alpine Meadow Ln		City Avon		State CT	Zip Code 06001		ate Received 8/18/2009			
Principal Occupation Deputy Commissioner		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contributi \$10	ions 00.00	\$100.00	
Last Name Massaro, Jr.	First Name Carl		MI A	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 1287	n ID #	Amount of Contribution	
Residential Street Address 61 Wedgewood Rd		City Trumbull		State CT	Zip Code 06611		ate Received 8/18/2009			
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislativ									\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Jodi Rell, Governor								Origina	al 10/13/2009	
		B. Itemized Contribution	ons from	Individu	lals					
Last Name	First Name		МІ	Method of o	contribution:		Contributio	n ID #	Amount of	
Carver	Lisa			Cash Money	V Order Personal C	1294		Contribution		
Residential Street Address		City		State	Zip Code Date Received					
286 Garry Dr		New Britain		СТ	06052		8/24/2009)		
Principal Occupation Chief of Staff		Name of Employer City of New Britain			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of eovernment the contract is with:									\$100.00	
Last Name Libera	First Name Minnie		MI	Cash	contribution: X Personal C Order Credit/Deb		Contributio	on ID #	Amount of Contribution	
Residential Street Address 10 Sunset Dr		City Cromwell		State CT	Zip Code 06416		ate Received 8/24/2009)		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Retired If yes, list Event # X No								Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob res X	byist?	Aggreg	gate Contribut	tions 50.00	\$50.00	
Last Name Faienza-Hodkevics	First Name Cindy		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contributio	m ID #	Amount of Contribution	
Residential Street Address 245 Steele St		^{City} New Britain		State CT	Zip Code 06052		ate Received 8/24/2009)		
Principal Occupation Health Safety		Name of Employer UTC-Hamilton Sundstrand			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00	
Last Name Steele	First Name Peter		MI C	Cash	contribution: X Personal C v Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 170 Oakwood Dr	State CT	Zip Code 06052		ate Received 8/24/2009)					
Principal Occupation Mayor's Staff		Name of Employer City of New Britain			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg									\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Itemized Co	ntributio	ns from	Individu	als				
Last Name	First Name			MI	Method of o	contribution:		Contributio	n ID #	Amount of
Sanders	Mary Lou				Cash Money	Order Credit/De		1298		Contribution
Residential Street Address 322 Glenn St		City New Britain			State CT	Zip Code 06051-3406		ate Received 8/24/2009)	
Principal Occupation		Name of Employer				Is this contribution associated with a			Yes	
Coordinator, Transcribe		RSVP of Central CT, Sessional Senat	Part Time	2	fundraising event listed in Section J1? If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative								tions 50.00	\$50.00	
Last Name Fedele, Jr.	First Name Michael			MI	Method of o Cash Money	contribution: X Personal Q Order Credit/De		Contributio	m ID #	Amount of Contribution
Residential Street Address 2 Homestead Ln # 407		City Greenwich			State CT	Zip Code 06831		ate Received 8/27/2009)	
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1?								1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislat	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Elder	First Name Robert			MI	Method of o Cash Money	contribution: X Personal O Order Credit/De		Contributio	n ID #	Amount of Contribution
Residential Street Address 7 Pond Ridge Ln		City Norwalk			State CT	Zip Code 06853		ate Received 8/27/2009)	
Principal Occupation Retired		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislat	X No		utor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$	tions 25.00	\$25.00
Last Name Nicholson	First Name William			MI J	Method of d Cash Money	contribution: X Personal O Order Credit/De		Contributio	m ID #	Amount of Contribution
Residential Street Address 86 Huntington Dr		^{City} Vernon			State CT	Zip Code 06066		ate Received 8/27/2009)	
Principal Occupation Financial Services		Name of Employer Ohanesian/Lecwis, 1	Inc.			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No									\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILINC	G DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Iten	nized Contributio	ons from	ı Individu	ials				
Last Name Robinson	First Name Cindy			MI	Cash	contribution: X Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 86 Fallow Field Rd	I	City Fairfield			State CT	Zip Code 06824		ate Received 8/27/2009)	
Principal Occupation Name of Employer Attorney Tremont, Sheldon						Is this contribution associ fundraising event listed in If yes, list Event #		19 L	Yes No	
20vernment the contract is with:								tions .00.00	\$100.00	
Last Name Vale	First Name Christy			MI	Cash	contribution: X Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 100-3 Dobson Rd		^{City} Vernon			State CT	Zip Code 06066		ate Received 8/27/2009	9	
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Retired If yes, list Event #								1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggre	gate Contribu \$	tions 525.00	\$25.00
Last Name Lisee	First Name Pierre			MI	X Cash	contribution: Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 210 Skinner Rd		City Vernon			State CT	Zip Code 06066		ate Received 8/27/2009	9	
Principal Occupation Manager		Name of Emplo InfoShred	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		1 ₂ L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	F	Yes X No		utor a lobbyist child of a lob 7es	byist?	Aggre	gate Contribu \$	tions 525.00	\$25.00
Last Name Mealy	First Name Walter	-		MI J	Cash	contribution: X Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 125-273 South St		City Vernon			State CT	Zip Code 06066		ate Received 8/27/2009	9	
Principal Occupation Realtor		Name of Empl Dzen Realt	-		•	Is this contribution associ fundraising event listed in If yes, list Event #		19 L	Yes No	
Is contributor a principal of a state contractor or prospective Yes Yes No Aggregate Contributions Is contractor? Is contract which branch or branches of government the contract is with: Executive Legislative Yes No Aggregate Contributions										\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Jodi Rell, Governor								Origin	al 10/13/2009	
		B. Itemized Contributio	ons from	Individu	ials					
Last Name	First Name		MI	Method of o	contribution:		Contributio	n ID #	Amount of	
	Marilyn			Cash	V Order Credit/Deb		1313		Amount of Contribution	
Residential Street Address		City	Zip Code		ate Received					
125-273 South St		Vernon		СТ	06066		8/27/2009)		
Principal Occupation Housewife	fundrai						1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legi								\$25.00		
	First Name Brian		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contributio	on ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
48 Hale St		Vernon		СТ	06066		8/27/2009)		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes System Anayst Travelers If yes, list Event # X No										
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	r prospective	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$	tions 25.00	\$25.00	
	First Name Harold		MI R	Cash	contribution: X Personal C / Order Credit/Deb		Contributio	on ID #	Amount of Contribution	
Residential Street Address 32 Ravenscroft		City Vernon		State CT	Zip Code 06066		ate Received 8/27/2009)		
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	r prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
	First Name Jason		MI	Cash	contribution:		Contributio	on ID #	Amount of Contribution	
Residential Street Address 216 Skinner Rd Principal Occupation Attorney/Mayor		City Vernon Name of Employer Self/Town of Vernon		State CT	/ Order Credit/Deb Zip Code 06066 Is this contribution associa fundraising event listed in If yes, list Event #	Da 08 ited with a	1?) Yes No		
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?									\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Ite	emized Contribution	ons from	Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #	
Polito, Jr.	Herbert			J	Cash	V Order Credit/De		1314	50 1D #	Amount of Contribution
Residential Street Address 48 Birch Mill Trl	City Si Essex C					Zip Code 06426		ate Received 8/27/2009	9	
Principal Occupation Attorney		Name of Employer Is this contribution assert Polito & Quinn, LLC fundraising event listed If yes, list Event # If yes, list Event #						11? L	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:									\$100.00	
Last Name Nelson	First Name Carol			мі S	Cash	contribution: X Personal O / Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 419 Lady Bug Ln		City Vernon			State CT	Zip Code 06066		ate Received 8/27/2009	9	
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Retired If yes, list Event # X No] Yes] No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu	ttions \$25.00	\$25.00
Last Name Sheldon	First Name Robert			MI R	Cash	contribution: X Personal G / Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 895 Galloping Hill Rd		^{City} Fairfield			State CT	Zip Code 06824		ate Received 8/27/2009	Ð	
Principal Occupation Attorney		Name of Em Tremon 8	ployer & Sheldon, P.C.			Is this contribution associ fundraising event listed in If yes, list Event #		112 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$1	itions	\$100.00
Last Name Kleinhans	First Name Robert	-		MI	Cash	contribution: X Personal (/ Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 64 Old Black Point Rd		^{City} Niantic			State CT	Zip Code 06357		ate Received 8/27/2009	9	
Principal Occupation Business Owner		Name of Em Center Ro	ployer oad Ventures, LLC			Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions generations Is some contractor? Is contract or branches of government the contract is with: Executive Legislative Yes X No										\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILINC	G DUE DATE	
Jodi Rell, Governor									Origin	al 10/13/2009	
		B. Ite	emized Contributi	ons from	ı Individu	ials					
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of	
McGurk	Erin	-		A	Cash Money	v Order Credit/De		1301		Contribution	
Residential Street Address	l Street Address City State							ate Received			
21 Stillmeadow Ln		Somers			СТ	06071		8/27/2009	9		
Principal Occupation Student		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Aggregate Contributor \$1000000000000000000000000000000000000								itions	\$100.00		
Last Name Dauphinais	First Name Richard	1		MI M	Cash	contribution: X Personal of y Order Credit/De		Contributio	on ID #	Amount of Contribution	
Residential Street Address 826 Groton Long Point Rd		City Groton			State CT	Zip Code 06340		ate Received 9/03/2009	Э		
rune or Employer							ated with	1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggre	gate Contribu \$1	itions	\$100.00	
Last Name Janney	First Name Eric			MI M	Cash	contribution: X Personal of y Order Credit/De		Contributio	on ID #	Amount of Contribution	
Residential Street Address 975 Stonington Rd		City Pawcatuc	k		State CT	Zip Code 06379		ate Received 9/03/2009	9		
Principal Occupation Attorney		Name of Em Block, Ja	ployer nney & Pascal, LLC			Is this contribution assoc fundraising event listed in If yes, list Event #		19 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$1	utions	\$100.00	
Last Name Fedele	First Name Alesandra			MI	Cash	contribution: X Personal (y Order Credit/De		Contributio	on ID #	Amount of Contribution	
Residential Street Address 64 Huckleberry Holw		City Stamford			State CT	Zip Code 06903		ate Received 9/03/2009	Э		
Principal Occupation Student		Name of Em	ployer			Is this contribution assoc fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No									\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILINC	G DUE DATE
Jodi Rell, Governor									Origin	al 10/13/2009
		B. It	emized Contributi	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Winkler, Jr.	David				Cash Money	y Order		1320		Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
151 Pamela Ave		Groton			СТ	06340		9/03/2009	9	ł
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Retired If yes, list Event #								1? L	Yes No	
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions								\$100.00		
Last Name Winkler	First Name Lenny			MI T	Cash	contribution: X Personal C y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 151 Pamela Ave		City Groton			State CT	Zip Code 06340		ate Received 9/03/2009	9	
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes ER Nurse L&M Hospital If yes, list Event # X No										
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es	byist?	Aggre	gate Contribu \$1	utions	\$100.00
Last Name Barnes, Sr.	First Name Thomas			MI O	Cash	contribution: X Personal C y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 1900 Perkins St		City Bristol			State CT	Zip Code 06010		ate Received 9/03/2009	Э	
Principal Occupation Chair of Board		Name of Er Barnes C	nployer Group, Inc		•	Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es	byist?	Aggre	gate Contribu \$1	utions	\$100.00
Last Name Althuis	First Name Rosemari	e		MI	Cash	contribution: X Personal C y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 4 Apple Tree Ln		^{City} Mystic			State CT	Zip Code 06355		ate Received 9/03/2009	9	
Principal Occupation Educator		Name of Er Groton F	nployer Public Schools		·	Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
s contributor a principal of a state contractor or prospective s yes, indicate which branch or branches of overnment the contract is with: Executive Legislative Legislati										

I. MONETARY RECEIPTS (Section A-I)										
						FILING	G DUE DATE			
						Origina	al 10/13/2009			
B. Itemized Contribution	ons from	Individu	ials							
	MI	Method of	contribution:		Contribution	n ID #	Amount of			
		Cash X Money	=		1318		Contribution			
City		State	Zip Code							
					· · ·					
fundraising										
state contractor? dependent child of a lobbyist?										
Executive Legislative		1			1					
	MI	Cash	Personal C		Contribution	n ID #	Amount of Contribution			
City		State	Zip Code	Da	ate Received					
Vero Beach		FL	32963	09	9/03/2009					
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Self Employed If yes, list Event # X No										
Yes X No	dependent	child of a lob	byist?	Aggre	-		\$100.00			
	MI F	Cash	× Personal C		Contribution	n ID #	Amount of Contribution			
City	-	State	Zip Code	Da	ate Received					
Simsbury		СТ	06070	09	9/03/2009					
Name of Employer The Hartford Ins. Co					12 L	Yes No				
Executive	dependent	child of a lob	byist?	Aggre	-		\$50.00			
	MI	Method of			Contribution	n ID #	Amount of			
		Cash Money			1324		Contribution			
City		State	Zip Code							
		СТ								
Name of Employer Stamford Hospital						Yes No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Aggregate Contributions the pendent child of a lobbyist? Yes X No Aggregate Contributions \$100.00										
	B. Itemized Contribution Guity Vero Beach Name of Employer Legislative City Vero Beach Name of Employer Self Employed City Self Employed Legislative City Simsbury Name of Employer The Hartford Ins. Co City Simsbury Name of Employer The Hartford Ins. Co City Stamford City Stamford Name of Employer Stamford	B. Itemized Contributions from Gity MI Vero Beach Scontribution Name of Employer Scontribution Executive Legislative MI City Yes No Vero Beach MI MI City Yes No Vero Beach Scontribution MI Name of Employer Self Employed Scontribution Executive Legislative Scontribution City Yes No Scontribution Self Employed MI F MI City Yes No Scontribution MI Simsbury Name of Employer MI MI MI Name of Employer Yes No Is contribution MI Yes No Is contribution MI MI City Yes No Is contribution MI Scontribution Legislative MI Yes Yes Vero Yes No Is contribution Gity Yes	B. Itemized Contributions from Individu MI Method of Cash X Money City State Vero Beach State Name of Employer FL MI Method of Cash X Money Executive Legislative Is contributor a lobbyis dependent child of a lob X Money City Yes Xate Vero Beach MI Method of X Money City Yes Xate Vero Beach State FL Name of Employer State FL Self Employed Yes Xate City Yes No Is contributor a lobbyis dependent child of a lob Processor Executive Legislative Yes Xate City Yes No Is contributor a lobbyis dependent child of a lob Processor City Yes No Is contributor a lobbyis dependent child of a lob Processor City Yes No Is contributor a lobbyis dependent child of a lob Processor Yes No Is contributor a lobbyis dependent child of a lob Processor Cash Money State CT MI <td< td=""><td>Indexidual contributions from Individual contribution City Cash </td><td>B. Itemized Contributions from Individual Mi Mi Method of contribution: Personal Check City State Zip Code D Vero Beach FL 32963 0 Name of Employer Is dis contribution associated with Indraising event listed in Section J (ryes, list Event # Aggre Executive Legislative Yes No Section J City Yes No Is contribution associated with Indraising event listed in Section J Aggre Executive Legislative Yes No Personal Check Aggre City Yes No Is contribution associated with Indraising event listed in Section J Personal Check D City Yes State Zip Code D D Vero Beach FL 32963 0 D Name of Employer Is dis contribution associated with Indraising event listed in Section J Personal Check D Self Employed Yes No Is dis contribution associated with Indraising event listed in Section J P Simsbury Code Code D D D</td><td>B. Itemized Contributions from Individuals MI Mendo of contribution: Personal Check Contribution City State Zip Code Date Received Vero Beach FL 32963 Date Received Name of Employer Is contributor associated with a fundraising event listed in Section J1? Mit Mit Legislative Yes No Is contributor associated with a fundraising event listed in Section J1? Xit City Vero Beach Mit Method of contribution: Contribution associated with a fundraising event listed in Section J1? Xit Executive Legislative Yes No State Zip Code Date Received Vero Beach Mit Method of contribution associated with a fundraising event listed in Section J1? Xit City Yes No Scontributor alobbyist, spouse, or dependent child of a lobbyist? Date Received Self Employee Is is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution 1322 City Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution 1322 City State Zip</td><td>Fill Interview Fill Interview B. Itemized Contributions from Individual Mine Mine Personal Check Contributions City Mine Cech Personal Check Contributions Date Received Vero Beach State Zip Code Date Received 09/03/2009 Name of Employer It scontributor a lobbyist: spouse, or dependent child of a lobbyist? Aggregate Contributions 1 and a lobbyist? Executive Legislative Yes No State Zip Code Date Received City Yes No Mine Method of contribution associated with a findnising event listed in Section J? Mine Mine</td></td<>	Indexidual contributions from Individual contribution City Cash	B. Itemized Contributions from Individual Mi Mi Method of contribution: Personal Check City State Zip Code D Vero Beach FL 32963 0 Name of Employer Is dis contribution associated with Indraising event listed in Section J (ryes, list Event # Aggre Executive Legislative Yes No Section J City Yes No Is contribution associated with Indraising event listed in Section J Aggre Executive Legislative Yes No Personal Check Aggre City Yes No Is contribution associated with Indraising event listed in Section J Personal Check D City Yes State Zip Code D D Vero Beach FL 32963 0 D Name of Employer Is dis contribution associated with Indraising event listed in Section J Personal Check D Self Employed Yes No Is dis contribution associated with Indraising event listed in Section J P Simsbury Code Code D D D	B. Itemized Contributions from Individuals MI Mendo of contribution: Personal Check Contribution City State Zip Code Date Received Vero Beach FL 32963 Date Received Name of Employer Is contributor associated with a fundraising event listed in Section J1? Mit Mit Legislative Yes No Is contributor associated with a fundraising event listed in Section J1? Xit City Vero Beach Mit Method of contribution: Contribution associated with a fundraising event listed in Section J1? Xit Executive Legislative Yes No State Zip Code Date Received Vero Beach Mit Method of contribution associated with a fundraising event listed in Section J1? Xit City Yes No Scontributor alobbyist, spouse, or dependent child of a lobbyist? Date Received Self Employee Is is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution 1322 City Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contribution 1322 City State Zip	Fill Interview Fill Interview B. Itemized Contributions from Individual Mine Mine Personal Check Contributions City Mine Cech Personal Check Contributions Date Received Vero Beach State Zip Code Date Received 09/03/2009 Name of Employer It scontributor a lobbyist: spouse, or dependent child of a lobbyist? Aggregate Contributions 1 and a lobbyist? Executive Legislative Yes No State Zip Code Date Received City Yes No Mine Method of contribution associated with a findnising event listed in Section J? Mine Mine			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Jodi Rell, Governor								Origina	al 10/13/2009	
		B. Itemized Contributi	ons fron	ı Individu	ials		•			
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	American of	
Roberts	Linda			Cash Money	v Order		1326		Amount of Contribution	
Residential Street Address 4243 Midland Fosterville Rd										
Principal Occupation Name of Employer Is this contribution associated fundraising event listed in Set Accountant Self Employed If yes, list Event #								Yes No		
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions								\$100.00		
Last Name Post	First Name Garret		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 1328	n ID #	Amount of Contribution	
Residential Street Address 31 Stony Creek Rd		^{City} Plantsville		State CT	Zip Code 06479		ate Received 9/03/2009			
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Insurance & Securities Sales Self If yes, list Event #								Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggreg	gate Contributi \$1	ons 10.00	\$10.00	
Last Name Hany	First Name Judith	-	MI M	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 1329	n ID #	Amount of Contribution	
Residential Street Address 21 Court St 2M		City Vernon		State CT	Zip Code 06066		ate Received 9/03/2009			
Principal Occupation Teacher		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggre	gate Contributi \$2	ions 25.00	\$25.00	
Last Name Thomson	First Name Jeffrey	-	MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 1330	n ID #	Amount of Contribution	
Residential Street Address 4 Fitzwilliam Park		City Farmington		State CT	Zip Code 06032		ate Received 9/03/2009			
Principal Occupation Physician		Name of Employer CCMC		-	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective Is contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Le										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 10/13/2009
		B. Item	ized Contributio	ons from	Individu	ials				
Last Name	First Name			МІ	Method of o	contribution:		Contributio	on ID #	Amount of
Pellegrino	Ken				Cash Money	V Order Credit/Deb		1331		Contribution
Residential Street Address								ate Received		
8 Isabel's Way		Brookfield			СТ	06804		9/03/2009	•	
Principal Occupation Physician	fundraising ever						bution associated with a Yes event listed in Section J1? X 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:								ttions 50.00	\$50.00	
Last Name Regina	First Name Janet Lee	1		MI	Cash	contribution: X Personal C Order Credit/Det		Contributio	on ID #	Amount of Contribution
Residential Street Address 1397 Old Colchester Rd		^{City} Oakdale			State CT	Zip Code 06370		ate Received 9/03/2009	Ð	
Principal Occupation Retired Name of Employer Is this contribution associated with fundraising event listed in Section If yes, list Event #								1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribu \$1	ttions	\$100.00
Last Name Sriubas	First Name Michelle			MI	Cash	contribution: X Personal C v Order Credit/Deb		Contributio	on ID #	Amount of Contribution
Residential Street Address 85 Lukes Wood Rd		^{City} New Canaar	ı		State CT	Zip Code 06840		ate Received 9/14/2009	Ð	
Principal Occupation Homemaker		Name of Emplo	oyer			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$	tions	\$50.00
Last Name Oberbeck	First Name Christian			MI	Cash	contribution: X Personal C v Order Credit/Det		Contributio	on ID #	Amount of Contribution
Residential Street Address 2 Macphersn Dr		^{City} Greenwich			State CT	Zip Code 06830		ate Received 9/14/2009	9	
Principal Occupation Merchant Banker		Name of Emplo Saratoga Pa	2			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No									\$100.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE	NAME OF COMMITTEE FILING DUE DATE										
Jodi Rell, Governor									Origin	al 10/13/2009	
		B. It	emized Contributi	ons from	Individu	ials					
Last Name	First Name			MI	Method of	contribution:		Contributio	m ID #		
Alfieri	Gloria				Cosh X Personal Check			1336	m 1D #	Amount of Contribution	
Residential Street Address		Zip Code	D	ate Received							
53 Glenbrook Rd		Kensingt	on		СТ	06037	0	9/14/2009)		
Principal Occupation Retired	Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No							
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg											
Last Name Benoit		Cash	contribution: X Personal C y Order Credit/Del		Contributio	on ID #	Amount of Contribution				
Residential Street Address 65 Cove Rd		City Bristol			State CT	Zip Code 06010		ate Received 9/14/2009	9		
Principal Occupation Retired		Name of E	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
Last Name Benoit	First Name Kenneth			MI G	Cash	contribution: X Personal C y Order Credit/Del		Contributio	on ID #	Amount of Contribution	
Residential Street Address 65 Cove Rd		City Bristol			State CT	Zip Code 06010		ate Received 9/14/2009	9		
Principal Occupation Retired		Name of E	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
Last Name Baker	First Name Emily			MI	Cash	contribution: X Personal C y Order Credit/Del		Contributio	on ID #	Amount of Contribution	
Residential Street Address 93 Thurton Dr		State CT	Zip Code 06840		ate Received 9/14/2009	9					
Principal Occupation Business Owner		Name of Er Baker Pi	^{nployer} nkerton, LLC			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Legislative											

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Ite	emized Contribution	ons from	ı Individu	lals		•		
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID #	Amount of
Brown	Bruce			м	Cash X Personal Check			1344	II ID #	Amount of Contribution
Residential Street Address 113 Indian Hill Rd		City Wilton			State CT	Zip Code 06897-1325		ate Received 9/14/2009		
Principal Occupation Retired	ployer	Is this contribution ass fundraising event listed If yes, list Event #			Ies					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:									tions 00.00	\$100.00
Last Name Jamba	First Name Alice	1		MI	Cash	contribution: X Personal C Order Credit/Det		Contribution	n ID #	Amount of Contribution
Residential Street Address 542 Branchville Rd		City Ridgefield	l		State CT	Zip Code 06877		ate Received 9/14/2009	1	
Principal Occupation RN		Name of Em Greenwo	ployer od International Ins			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggre	gate Contribut \$1	tions 50.00	\$50.00
Last Name Lavielle	First Name Gail			MI	Cash	contribution: X Personal C v Order Credit/Det		Contribution	n ID #	Amount of Contribution
Residential Street Address 109 Hickory HI		City Wilton			State CT	Zip Code 06897		ate Received 9/14/2009	-	
Principal Occupation Educator		Name of Em UConn	ployer	_		Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribut	tions 50.00	\$50.00
Last Name Sims	First Name Margaret	_		MI P	X Cash	contribution: Personal C Order Credit/Det		Contribution	n ID #	Amount of Contribution
Residential Street Address 67 Soundview Rd		City Ridgefield			State CT	Zip Code 06877		ate Received 9/14/2009	1	
Principal Occupation VP		Name of Em Ridgefield	ployer d Supply Co			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislative										\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILINC	G DUE DATE	
Jodi Rell, Governor									Origina	al 10/13/2009	
		B. Ite	emized Contribution	ons from	ı Individu	ials					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #		
Bondeson	Janet				Cash X Personal Check			1343	11 ID #	Amount of Contribution	
Residential Street Address 48 Lambert Cmn		City Wilton			State CT	Zip Code Date Received 06897 09/14/2009)		
Principal Occupation		Name of En	anlovar		I	Is this contribution associ	ated with	a 🔽	1		
Town Treasurer		Town of		fundraising event listed in Section J1?					Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:									tions .00.00	\$100.00	
Last Name Remington	First Name Diane			MI	Cash	contribution: X Personal C / Order Credit/Del		Contributio	on ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code		ate Received			
953 River Blvd		Suffield			СТ	06078		9/14/2009)		
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribut \$	tions 10.00	\$10.00	
Last Name Remington	First Name Eric			MI	Cash	contribution: X Personal C / Order Credit/Del		Contributio 1340	m ID #	Amount of Contribution	
Residential Street Address 953 River Blvd		^{City} Suffield		-	State CT	Zip Code 06078		ate Received 9/14/2009)		
Principal Occupation Vice President		Name of En Kaman C	nployer Corporation			Is this contribution associ fundraising event listed in If yes, list Event #		112 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁄es X	byist?	Aggre	gate Contribut \$	tions 10.00	\$10.00	
Last Name Serenbetz	First Name Warren			MI	X Cash	contribution: Personal C v Order Credit/Del		Contributio 1353	n ID #	Amount of Contribution	
Residential Street Address	-	City		-	State	Zip Code	D	ate Received			
165 Signal Hill Rd		Wilton			СТ	06897	0	9/14/2009)		
Principal Occupation Investment Management		Name of En Radcliff (Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Investment Management If yes, list Event # X No Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or tate contractor? Is yes, indicate which branch or branches of Franctice U Locieletium Vac X No State contractor?										

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DUE DAT											
Jodi Rell, Governor									Origin	al 10/13/2009	
		B. It	emized Contributi	ons from	n Individu	ials					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #		
McGurk	Mary				Cash Personal Check Money Order Credit/Debit Card			1332	лі ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
21 Stillmeadow Ln		Somers			СТ	06071	0	9/14/2009)		
Principal Occupation Homemaker	nployer	Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event # No									
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Is contributive Is yes Is contributor a lobbyist? Aggregate Contributions										\$100.00	
Last Name Brennan	First Name William	1		MI F	Cash	contribution: X Personal O y Order Credit/De		Contributio	on ID #	Amount of Contribution	
Residential Street Address 41 Hunting Ridge Ln		^{City} Wilton			State CT	Zip Code 06897		ate Received 9/14/2009	9		
Principal Occupation First Selectman		Name of Er Town of				Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu \$	tions	\$50.00	
Last Name Asness	First Name Carol			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution	
Residential Street Address 9 Pier Way Lndg		_{City} Westport			State CT	Zip Code 06880		ate Received 9/14/2009	9		
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		112 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob (es X	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
Last Name Karsanidi, Sr.	First Name Alex			MI	Cash	contribution: X Personal (y Order Credit/De		Contributio	on ID #	Amount of Contribution	
Residential Street Address 167 N Salem Rd		City Ridgefield	1		State CT	Zip Code 06877		ate Received 9/14/2009	9		
Principal Occupation Insurance Agent		Name of Er Karsanid	nployer li Group, LLC			Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No		
										\$50.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE	NAME OF COMMITTEE FILING DUE DATE										
Jodi Rell, Governor									Origina	al 10/13/2009	
		B. Itemized Co	ntributio	ons from	Individu	als					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #		
Katz	John				Cash X Personal Check			1347	II I <i>D #</i>	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received				
473 Ridgebury Rd		Ridgefield			СТ	06877		9/14/2009)		
Principal Occupation Retired		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					Yes No		
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contributor a lobbyist? Aggregate Contributions Last Name First Name MI Method of contribution: Contribution ID #										\$100.00	
Last Name Coury	MI E	F Cash X Personal Check			Contributio	n ID #	Amount of Contribution				
Residential Street Address 10 Revere Pl		City Ridgefield			State CT	Zip Code 06877		ate Received 9/14/2009)		
Principal Occupation Attorney		Name of Employer Skadden, Arps			-	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislat	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00	
Last Name Henault	First Name Paul			MI	Cash	contribution: X Personal (v Order Credit/De		Contributio	n ID #	Amount of Contribution	
Residential Street Address 12 Wyngate		City Simsbury		····· F····			ate Received 9/14/2009	1			
Principal Occupation SVP		Name of Employer Hartford Steam Boil	er			Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislat	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$	tions 50.00	\$50.00	
Last Name Lazarou	First Name Lisa			MI	Cash	contribution: X Personal G v Order Credit/De		Contributio	n ID #	Amount of Contribution	
Residential Street Address 661 Ocean Ave			State CT	Zip Code 06320		ate Received 9/14/2009					
Principal Occupation		New London Name of Employer Homemaker			I	Is this contribution associ fundraising event listed in If yes, list Event #	iated with a	a	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	contributor a principal of a state contractor or prospective $Y_{es} \times N_0$ Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions (\$100.00 \$100										

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Jodi Rell, Governor									Origin	al 10/13/2009	
		B. Ite	emized Contributi	ons from	ı Individu	ials					
Last Name Barnes	First Name Elizabeth			MI	Cash	contribution: X Personal C / Order Credit/Det		Contributio	on ID #	Amount of Contribution	
Residential Street Address 400 Peacedale St		1			ate Received 9/17/2009)					
Principal Occupation Housewife	Is this contribution associated v fundraising event listed in Sect If yes, list Event #				19 L	Yes No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	t, spouse, or byist? No	Aggre	gate Contribu \$1	tions .00.00	\$100.00						
Last Name Eisenmann	First Name Carl	I		MI	Cash	contribution: X Personal C / Order Credit/Det		Contributio	on ID #	Amount of Contribution	
Residential Street Address 34 Lincoln Ln		City Simsbury			State CT	Zip Code 06070		ate Received 9/17/2009	9		
Principal Occupation Attorney		Name of En Retired	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
Last Name Welch	First Name Thomas	-		MI J	Cash	contribution: X Personal C v Order Credit/Det		Contributio	on ID #	Amount of Contribution	
Residential Street Address 47 Old Shelton Rd		^{City} Shelton			State CT	Zip Code 06484		ate Received 9/17/2009	Ð		
Principal Occupation Attorney		Name of En Self	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggre	gate Contribu \$	tions 95.00	\$95.00	
Last Name Welch	First Name Jodi	-		MI	Cash	contribution: X Personal C / Order Credit/Det		Contributio	on ID #	Amount of Contribution	
Residential Street Address 47 Old Shelton Rd		^{City} Shelton			State CT	Zip Code 06484		ate Received 9/17/2009	9		
Principal Occupation Sales		Name of En Allegon,				Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Is contributor a principal of a state contractor or prospective Ves X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? (\$95.00) Is yes, indicate which branch or branches of Ves Ves X No Is contributor a lobbyist? (\$95.00)										

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	DUE DATE	
Jodi Rell, Governor									Origina	al 10/13/2009	
		B. Itemiz	ed Contributio	ons from	Individu	ials					
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of	
Watson	Margaret	1			Cash X Personal Check Money Order Credit/Debit Card			1354		Contribution	
Residential Street Address		City			State	Zip Code		ate Received			
4 Sharp Hill Ln		Ridgefield			СТ	06877		9/17/2009	,		
Principal Occupation		Name of Employe Watson Grou				Is this contribution associ fundraising event listed in If yes, list Event #	res				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Le										\$100.00	
Last Name McCoy	MI O	Cash	contribution: X Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution				
Residential Street Address 28 Basswood Dr		d		State CT	Zip Code 06471		ate Received 9/17/2009	Э			
Principal Occupation Foreclosure Paralegal		Name of Employe Jacobs & Roz				Is this contribution associ fundraising event listed in If yes, list Event #		1?] Yes] No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$1	ttions	\$100.00	
Last Name Johnson	First Name Edward			MI	Cash	contribution: X Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution	
Residential Street Address 362 Wells Rd		^{City} Wethersfield			State CT	Zip Code 06109		ate Received 9/17/2009	9		
Principal Occupation Administration		Name of Employe Saint Francis				Is this contribution associ fundraising event listed in If yes, list Event #		12 L] Yes] No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribu \$1	ttions	\$100.00	
Last Name Lombardo	First Name Stephan			MI	Cash	contribution: Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution	
Residential Street Address 961 1st Ave			State CT	Zip Code 06516		ate Received 9/17/2009	9				
Principal Occupation Owner		Name of Employe Express Pawr			·	Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislative										\$100.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							F	FILING	DUE DATE		
Jodi Rell, Governor							С	Drigina	ıl 10/13/2009		
		B. Itemized Contrib	outions fron	n Individu	ıals						
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of		
Maynard	Keith			Cash X Personal Check Money Order Credit/Debit Card			1362		Contribution		
Residential Street Address 60 Ken Rose Ter		City Westbrook		State CT	Zip Code 06498	ate Received 9/22/2009					
							<u> </u>				
Principal Occupation Deputy Executive Director		Name of Employer State of CT		Is this contribution associated with fundraising event listed in Section If yes, list Event #				res No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:									\$100.00		
Last Name Fatse	First Name J. Brian	1	MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II 1363	D #	Amount of Contribution		
Residential Street Address		City		State	Zip Code		ate Received				
18 Overhill Dr		Trumbull		СТ	06611 Is this contribution associa		9/22/2009				
Principal Occupation Attorney		Name of Employer Law Offices of J. Brian Fa	tse		fundraising event listed in If yes, list Event #			res No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggres	gate Contribution \$100		\$100.00		
Last Name Caruso	First Name Daniel		MI F	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II 1364	D #	Amount of Contribution		
Residential Street Address 160 Fairfield Woods Rd # 61		^{City} Fairfield		State CT	Zip Code 06825		ate Received 9/22/2009				
Principal Occupation Attorney		Name of Employer Owens, Schine & Nicola		•	Is this contribution associa fundraising event listed in If yes, list Event #			res No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribution \$100		\$100.00		
Last Name Mizla	First Name Denise		MI Q	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II 1369	D#	Amount of Contribution		
Residential Street Address 356 Westchester Rd		City Colchester		State	Zip Code		ate Received 9/22/2009				
				СТ	06415 Is this contribution associa						
Principal Occupation Accountant		Name of Employer IBC			fundraising event listed in If yes, list Event #		I				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggreg	gate Contribution \$50	^{ns}).00	\$50.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DU											
Jodi Rell, Governor									Origin	al 10/13/2009	
		B. Ite	emized Contributi	ons from	ı Individu	ials					
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of	
Norton	Lynn	-		К	Cash Money	h X Personal Check ney Order Credit/Debit Card 136				Contribution	
Residential Street Address		City			State	Zip Code		ate Received			
94 Westchester Rd		Colcheste	r		СТ	06415		9/22/2009	•		
Principal Occupation Housewife		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #									
Is contributor a principal of a state contractor or prospective Is contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contractive No									itions	\$100.00	
Last Name Betts	MI W	W Coch X Personal Check			Contributio	on ID #	Amount of Contribution				
Residential Street Address 1924 Perkins St		State CT	Zip Code 06010		ate Received 9/22/2009	Ð					
Principal Occupation Fundraising		Name of Em ELCCT	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribu \$1	ttions	\$100.00	
Last Name Betts	First Name Jarre			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution	
Residential Street Address 1924 Perkins St		City Bristol		State Zip Code CT 06010			Date Received 09/22/2009				
Principal Occupation Program Director		Name of Em Main Stre	ployer eet Community Foun	dation	•	Is this contribution associ fundraising event listed in If yes, list Event #		L12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob /es	byist?	Aggre	gate Contribu \$1	utions	\$100.00	
Last Name Goldstein	First Name Ronald			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution	
Residential Street Address 123 Old Hebron Rd	_	State CT	Zip Code 06415		ate Received 9/22/2009	9					
Principal Occupation Attorney		Name of Em Self	ployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		L12	Yes No		
If yes, list Event # Aggregate Contributions tate contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Aggregate Contributions Legislative Aggregate Contributions (Contractor Contractor Cont										\$75.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE								FILING	G DUE DATE		
Jodi Rell, Governor								Origina	al 10/13/2009		
		B. Itemized Contribution	ons from	Individu	lals						
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID #	Amount of		
Giuliano	Sebastian		N	Cash X Personal Check Money Order Credit/Debit Card			1377		Contribution		
Residential Street Address 348 Maple Shade Rd		City Middletown		State CT	Zip Code Date Received 06457 09/29/200						
Principal Occupation Mayor		Name of Employer City of Middletown	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				1? 💾	Yes No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:									\$100.00		
Last Name Field	First Name John		MI M	X Cash	contribution: Personal C Order Credit/Deb		Contribution	n ID #	Amount of Contribution		
Residential Street Address 132 Lower Church Hill Rd		City Washington Depot		State CT	Zip Code 06794		ate Received 9/29/2009				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with:	r prospective	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggreg	gate Contributi \$2	ions 20.00	\$20.00		
Last Name Boucher	First Name Henry		MI J	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution		
Residential Street Address 5 Wicks End Ln		City Wilton		State CT	Zip Code 06897		ate Received 9/29/2009				
Principal Occupation Manager		Name of Employer Tesoro Distributors, Inc			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	r prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob 'es	byist?	Aggreg	gate Contributi \$5	ions 50.00	\$50.00		
Last Name Boucher	First Name Toni		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 1370	n ID #	Amount of Contribution		
Residential Street Address 5 Wicks End Ln	State CT	Zip Code 06897		ate Received 9/29/2009							
Principal Occupation Business Executive		Name of Employer State of CT & Common Fund			Is this contribution associa fundraising event listed in If yes, list Event #		1? 💾	Yes No			
Is contributor a principal of a state contractor or prospective Yes Yes No Aggregate Contributions Is contributor a principal of a state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes No											

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FI	FILING	DUE DATE		
Jodi Rell, Governor							0	Drigina	ıl 10/13/2009		
		B. Itemized Contribut	ions from	ı Individu	ials						
Last Name	First Name		МІ		contribution:		Contribution IE	D #	Amount of		
Middlebrook	Georgian	na		Cash Money	/ Order Credit/Deb		1383		Contribution		
Residential Street Address 204 Nettleton Hollow Rd		City Washington		State CT	Zip Code 06793		ate Received 9/29/2009				
Principal Occupation		Name of Employer		Į	Is this contribution associa fundraising event listed in		1?				
Retired		Yes X No			If yes, list Event #	1	X No	чо			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Aggregate Contributions \$100.00			\$100.00							
Last Name Doherty	First Name Paul		MI	X Cash	contribution: Personal C Order Credit/Deb		Contribution IE	D #	Amount of Contribution		
Residential Street Address 152 Wykeham Rd		^{City} Washington		State CT	Zip Code 06793		ate Received 9/29/2009				
Principal Occupation Actor/Business Owner		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		10				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggreg	gate Contributions \$20.		\$20.00		
Last Name Hurd	First Name Robert		MI B	Cash	contribution: X Personal C v Order Credit/Deb		Contribution IE	D #	Amount of Contribution		
Residential Street Address 7 Rheel St		City Rockville		State CT	Zip Code 06066		ate Received 9/29/2009				
Principal Occupation Architect		Name of Employer Self Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		re				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob /es X	byist?	Aggreg	gate Contributions \$50.		\$50.00		
Last Name Bizzarro	First Name Gennaro	-	MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution IE	D #	Amount of Contribution		
Residential Street Address 180 Ten Acre Rd		City New Britain		State CT	Zip Code 06052		ate Received 9/29/2009				
Principal Occupation Attorney	Į	Is this contribution associa fundraising event listed in If yes, list Event #		1 10							
Attorney Self Induiting event listed in Section 31? Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No											

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Jodi Rell, Governor									Origina	al 10/13/2009	
		B. Iter	nized Contributi	ons from	ı Individu	ials		•			
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #	Amount of	
Norton	Chris				Cash X Personal Check Money Order Credit/Debit Card			1373		Contribution	
Residential Street Address				State	Zip Code Date Received 06840 09/29/2009						
545 West Rd		New Canaa Name of Emp			СТ	Is this contribution associ		<u> </u>		-	
Principal Occupation Retired	fundraising event listed in Section J1? If yes, list Event #				L12 L	Yes No					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branches of government the contract is with: Is contributor a lobbyist?									tions 00.00	\$100.00	
Last Name Norton	First Name Carter	1		MI	Cash	contribution: X Personal C / Order Credit/Del		Contributio	on ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code		ate Received			
545 West Rd		New Canaa			СТ	06840 Is this contribution associ		9/29/2009			
Principal Occupation Retired		Name of Emp	loyer			fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
Last Name Quiriconi	First Name Ruth			MI C	Cash	contribution: X Personal C / Order Credit/Del		Contributio	m ID #	Amount of Contribution	
Residential Street Address 11 Hollow Tree Ln		City Monroe		-	State CT	Zip Code 06468		ate Received 9/29/2009)		
Principal Occupation Retired		Name of Emp	loyer		ł	Is this contribution associ fundraising event listed in If yes, list Event #		112 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁄es X	byist?	Aggre	gate Contribu \$1	tions 00.00	\$100.00	
Last Name Murren	First Name Jean Mari	e		MI	Cash	contribution: X Personal C / Order Credit/Del		Contributio	n ID #	Amount of Contribution	
Residential Street Address		State	Zip Code		ate Received						
226 Pine Creek Ave		СТ	06824		9/29/2009)					
Principal Occupation Name of Employer Retired						Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No		
Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislative If yes, list Event # If yes, list Event # If yes, list Event # Aggregate Contributions \$100.00 \$\$										\$100.00	

		I. M	ONETARY RE	CEIPTS	6 (Section	n A-I)				
NAME OF COMMITTEE									FILINO	G DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Ite	emized Contributi	ons from	Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #	
Walker	John	-		М	Cash	y Order		1379	лі ID #	Amount of Contribution
Residential Street Address 120 Spoonville Rd		City East Gran	hv		State CT	Zip Code 06026		ate Received 9/29/2009	à	
						Is this contribution associ			_	
Principal Occupation Retired		Name of Em Self	iployer			fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution D #								\$50.00		
Last Name Burke	First Name Mary Lyni	1 I		MI	Cash	contribution: X Personal C y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
47 Taylor Rd		Colcheste	r		СТ	06415		9/29/2009	•	
Principal Occupation Regulatory Affairs		Name of Em Henkel C				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$	tions 25.00	\$25.00
Last Name Houle	First Name Thomas			MI	Cash	contribution: X Personal C y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address Main Street North Box 450		City Southbury	y		State CT	Zip Code 06488		ate Received 9/29/2009	9	
Principal Occupation Retired		Name of Em	ployer		1	Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Campbell	First Name Maryann			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 43 Gaylord Rd		City Gaylordsv	ville		State CT	Zip Code 06755		ate Received 9/29/2009	9	
Principal Occupation Executive Director		Name of Em Devereux	nployer k Glenholm			Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00

			I. MONETARY RECEIPTS (Section A-I)									
						FILING	DUE DATE					
						Origina	al 10/13/2009					
B. Itemized Contributi	ons from	Individu	ials									
	MI E			heck		n ID #	Amount of Contribution					
i		Money	/ Order Credit/Deb	oit Card	1385							
City Torrington		State CT	Zip Code 06790									
Name of Employer			Is this contribution associa	ated with a	a 🗖	Vec						
Administrator Devereux Glenholme School fundraising event listed in Section J1? If yes, list Event # If yes, list Event #												
e Yes X No				Aggreg	-							
Executive Legislative					\$10	00.00	\$100.00					
	MI	Method of Cash		Theck		n ID #	Amount of Contribution					
1												
^{City} Washington		State CT	Zip Code 06794									
Name of Employer						Yes						
			If yes, list Event #	Section J	1? ×	No						
e Yes X No	dependent	child of a lob	byist?	Aggreg	-		\$100.00					
	MI	X Cash	Personal C		Contribution 1387	n ID #	Amount of Contribution					
City	•	State	Zip Code	Da	ate Received							
Washington Depot		СТ	06794	09	9/29/2009							
Name of Employer Collars and Couplings					1 ₂ L							
e Yes X No	dependent	child of a lob	byist?	Aggre	-		\$20.00					
	MI				Contribution	n ID #	Amount of					
	М		=		1389		Contribution					
City		State	Zip Code									
		CI			· ·							
Name of Employer Klemm Real Estate					1? Ц							
Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Legislative												
	e City Torrington Name of Employer Devereux Glenholme School ve Executive City Washington Name of Employer City Washington Depot Executive City Washington Depot Name of Employer Collars and Couplings ve Executive City Washington Depot Name of Employer Collars and Couplings ve Executive City Washington City Washington City Washington City Washington City Washington City Washington City Name of Employer Collars and Couplings Ve City Washington City Name of Employer Collars and Couplings Ve City Washington City Name of Employer Collars and Couplings Ve City City City City City City City City	e MI E City Torrington Name of Employer Devereux Glenholme School ve Yes X No Is contribu dependent Executive Legislative Y e nd City Washington Name of Employer Ve Yes X No Is contribu dependent Executive Legislative Y e MI Executive Legislative Y e MI City Washington Depot Name of Employer Collars and Couplings ve Yes X No Is contribu dependent Executive Legislative Y e MI MI MI MI MI MI MI MI MI MI	e MI Hethod of E City Torrington School Ve Yes X No Executive Legislative MI Executive Legislative MI Executive Legislative CT Name of Employer Name of Employer Legislative MI Executive Legislative CT Name of Employer Ve Yes X No State CT MI Method of Cash MI Method of Cash MI CT Name of Employer Ve Yes X No State CT Name of Employer Ve Legislative CT MI Method of Legislative CT MI Method of Legislative CT MI Method of Legislative CT Name of Employer City Washington Depot Ve Yes X No State CT Name of Employer City Washington Depot City Washington Depot Ve Yes X No State CT Name of Employer Collars and Couplings Ve Yes X No State CT Name of Employer Collars and Couplings Ve Yes X No State CT Name of Employer City Washington Ve Yes X No State CT Name of Employer Collars and Couplings Ve Yes X No State CT Name of Employer Collars and Couplings Ve Yes X No State CT Name of Employer Collars and Couplings Ve Yes X No State CT Name of Employer City Mashington Yes X No State CT MI Method of a lob Money P Ve Yes X No State CT Name of Employer Cuty Mashington Fixed T MI Method of a lob State CT Name of Employer Cuty Mashington P P P P P P P P P	E □ Cash Money Order ▲ Personal C Credit/Del City Torrington State Zip Code Name of Employer □ State CT 06790 Devereux Glenholme School Is contributor a lobbyist; spouse, or dependent child of a lobbyist; Is this contribution associ fundraising event listed in fyes, list Event # ve □ Legislative MI □ Method of contribution ○ Credit/Del d □ City Yes X No Is this contribution associ fundraising event listed in fyes, list Event # ve □ Legislative Ves X No Personal C City Ves X No Is contributor a lobbyist; spouse, or dependent child of a lobbyist? e □ Yes X No Is this contribution associ fundraising event listed in fyes, list Event # ve □ Legislative □ Yes X No e Is sontributor a lobbyist; spouse, or dependent child of a lobbyist? Personal C Gity Yes X No Is this contribution associ fundraising event listed in fyes, list Event # ve □ Legislative Is sontributor a lobbyist; spouse, or dependent child of a lobbyist? Personal C Gity Ves X No	e MI E City City State Zip Code D OG790 O O O O Name of Employer Legislative Is contributor a lobbysist. spouse, or dependent child of a lobbysist? Aggre e Yes No Is contributor a lobbysist. spouse, or dependent child of a lobbysist? Aggre e Legislative MI Method of contribution Personal Check City Yes No Is contributor a lobbysist. spouse, or dependent child of a lobbysist? Aggre e MI Method of contribution Personal Check D City Yes No Personal Check D Vashington CT O6794 D D ve Yes No State Zip Code D Name of Employer Is contributor a lobbysist. spouse, or dependent child of a lobbysist. Spouse, or dependent	B. Itemized Contributions from Individuals Contribution: e MI E Cash Personal Check Contribution: City State Zip Code Date Received 09/29/2009 Name of Employer Legislative Is this contribution associated with a tothy is: pouse, or dependent child of a lobby is: pouse, or dependent child of a lobby is: personal Check Aggregate Contribution: e MI Method of contribution: Contribution associated with a tothy is: pouse, or dependent child of a lobby is: personal Check Contribution: e MI Method of contribution: Contribution associated with a tothy is: personal Check Contribution: e MI Method of contribution: Personal Check Contribution: d City State Zip Code Date Received Washington Crity State Zip Code Date Received we Legislative Yes No State Zip Code Date Received Gity State Zip Code Date Received Is associated with a tothy is spouse, or dependent child of a lobby is: spouse, or dependent chil	Origina B. Itemized Contributions from Individual e M Helpoid for contribution: E Personal Check Cash Contribution ID # 1385 Ciry State Zip Code Date Received Torrington CT 06790 Date Received Nume of Employer Is dis contribution associated with a dependent child of a lobbyist; spouse, or dependent child of a lobbyist; fi yes, list Event # Aggregate Contributions D # 1387 Nume of Employer Is contributor a lobbyist; spouse, or dependent child of a lobbyist; fi yes, list Event # Contribution ID # 1387 Ves No Is contributor a lobbyist; spouse, or dependent child of a lobbyist; fi yes, list Event # Contribution ID # 1387 Ves No Is contributor a lobbyist; spouse, or dependent child of a lobbyist; more Contribution ID # 1387					

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Jodi Rell, Governor								Origina	al 10/13/2009	
		B. Itemized Contribution	ons from	Individu	ials		•			
Last Name	First Name		MI		contribution:		Contributio	n ID #	Amount of	
Sears	Richard			X Cash Money	/ Order Personal C Credit/Deb		1390		Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
43 Cook St		Washington Depot		СТ	06794		9/29/2009	,		
Development Director HVA fundraising event listed in Section J1? If yes, list Event # Image: Comparison of the section J1?							Yes No			
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No								\$20.00		
Last Name Tilden	First Name Scott		MI	X Cash	contribution: Personal C Order Credit/Deb		Contributio	on ID #	Amount of Contribution	
Residential Street Address 135 Wykeham Rd		City Washington		State CT	Zip Code 06793		ate Received 9/29/2009)		
Principal Occupation Writer		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob es	byist?	Aggreg	gate Contribu \$	tions 20.00	\$20.00	
Last Name Andersen	First Name Valerie		MI	X Cash	contribution: Personal C Order Credit/Deb		Contributio	m ID #	Amount of Contribution	
Residential Street Address 171 Blackville Rd		^{City} Washington		State CT	Zip Code 06793		ate Received 9/29/2009)		
Principal Occupation CFO		Name of Employer Andersen Productions			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$	tions 20.00	\$20.00	
Last Name Solley	First Name Nicholas		MI N	X Cash	contribution: Personal C v Order Credit/Deb		Contributio	m ID #	Amount of Contribution	
Residential Street Address 17 Judea Cemetary Rd		^{City} Washington		State CT	Zip Code 06793		ate Received 9/29/2009)		
Principal Occupation Farmer		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legis										

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Itemized (Contributio	ons from	Individu	lals				
Last Name	First Name			MI	Method of o	contribution:		Contributio	on ID #	Amount of
Kowalsky	Adam				Cash Money	V Order Credit/De		1395		Contribution
Residential Street Address 1027 Worthington Rdg		^{City} Berlin			State CT	Zip Code 06037		ate Received 9/29/2009)	
Principal Occupation Administration		Name of Employer Governor's Office	State of CT			Is this contribution associ fundraising event listed in If yes, list Event #		19	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No	dependent	utor a lobbyist child of a lob res	byist?	Aggree	gate Contribut \$1	tions 00.00	\$100.00
Last Name McKiernan	First Name Laurellee	1		MI	X Cash	contribution: Personal C Order Credit/De		Contributio 1449	n ID #	Amount of Contribution
Residential Street Address PO Box 433		City Litchfield			State CT	Zip Code 06759		ate Received 9/29/2009)	
Principal Occupation Computer Consultant		Name of Employer Self				Is this contribution associ fundraising event listed ir If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No	dependent	utor a lobbyist child of a lob res	byist?	Aggrey	gate Contribut \$	tions 20.00	\$20.00
Last Name Klauer	First Name Matthew			MI	Cash	contribution: X Personal C v Order Credit/De		Contributio	m ID #	Amount of Contribution
Residential Street Address 46 Golf Dr		City Norfolk			State CT	Zip Code 06058		ate Received 9/29/2009)	
Principal Occupation Associate		Name of Employer Eurohypo AG				Is this contribution associ fundraising event listed ir If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name Allard	First Name David	-		MI C	Cash	contribution: X Personal C v Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 174 Black Hl		^{City} Plainfield			State CT	Zip Code 06374		ate Received 9/30/2009)	
Principal Occupation Plant Manager		Name of Employer Kochek, Inc			·	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legis	X No		utor a lobbyist child of a lob res	byist?	Aggrey	gate Contribut \$	tions 25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILINC	G DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Ite	emized Contributi	ons from	ı Individu	lals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #	Amount of
Pappas	Peter				Cash Money	V Order Credit/Del		1400		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
33 Island Cir S		Groton			СТ	06340		9/30/2009)	•
Principal Occupation Consultant	Consultant Self fundraising event listed in Section J1?							Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution ID #								\$50.00		
Last Name Farrell, Jr.	First Name Gerald			MI E	Cash	contribution: X Personal C Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 54 N Elm St		City Wallingfor	rd		State CT	Zip Code 06492		ate Received 9/30/2009	9	
Principal Occupation Commissioner		Name of Em State of (•	Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist t child of a lob Yes X	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Campisi	First Name Natalie			MI	Cash	contribution: X Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 54 N Elm St		City Wallingfor	rd		State CT	Zip Code 06492		ate Received 9/30/2009	9	
Principal Occupation Mother		Name of Em	ıployer			Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Legislative		utor a lobbyist t child of a lob 7es X	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Davis	First Name Gary			MI	Cash	contribution: X Personal C v Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 23 Charter Ridge Dr		^{City} Sandy Ho	ok		State CT	Zip Code 06482		ate Received 9/30/2009	9	
Principal Occupation Public Relations		Name of Em World Wr	^{nployer} restling Entertainme	nt		Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor or prospective Yes X No Aggregate Contributions dependent child of a lobbyist? Is source with: Executive Legislative Yes X No									\$100.00	

		I. MONETARY REC	CEIPTS	6 (Section	n A-I)		-		
NAME OF COMMITTEE								FILING	G DUE DATE
Jodi Rell, Governor								Origina	al 10/13/2009
		B. Itemized Contribution	ons from	Individu	ials				
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID #	
Hannan	Greg		М	Cash	V Order Personal C Credit/Deb		1415	II I <i>D #</i>	Amount of Contribution
Residential Street Address 246 Reed's Gap Rd Unit 3A		City Northford		State CT	Zip Code 06472		ate Received 9/30/2009	1	
Principal Occupation Attorney		Name of Employer Self		I	Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No S50.00								\$50.00	
Last Name Siklos	First Name Joseph	1	MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 1418	n ID #	Amount of Contribution
Residential Street Address 11 Maple Ln		City Brookfield		State CT	Zip Code 06804		ate Received 9/30/2009		
Principal Occupation		Name of Employer Marlin Controls		<u> </u>	Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name Siklos	First Name Georgia		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 11 Maple Ln		^{City} Brookfield		State CT	Zip Code 06804		ate Received 9/30/2009		
Principal Occupation Housewife		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name Garabedian	First Name Carlotta		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 279 Old Norwalk Rd		^{City} New Canaan		State CT	Zip Code 06840		ate Received 9/30/2009		
Principal Occupation RN		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Legislative Leg									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 10/13/2009
		B. Ite	emized Contributi	ons from	ı Individu	ials				
Last Name Garabedian	First Name Garo			MI	Cash	contribution: X Personal O y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 279 Old Norwalk Rd		City New Cana	an	•	State CT	Zip Code 06840		ate Received 9/30/2009	9	
Principal Occupation Retired	Retired fundraising event listed in Section J1? If yes, list Event #							Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution ID #								\$100.00		
Last Name Vigliotti	First Name Frank	1		MI	Method of Cash	Personal O		Contributio	on ID #	Amount of Contribution
Residential Street Address 1500 Old New England Rd		City Guilford			State CT	Zip Code 06437		ate Received 9/30/2009	Ð	
Principal Occupation Construction		Name of En TFA Mana				Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggre	gate Contribu \$1	ttions	\$100.00
Last Name Vigliotti	First Name John	-		MI	Cash	contribution: Personal Q y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 14 Partridge Ln		City Branford			State CT	Zip Code 06405		ate Received 9/30/2009	Ð	
Principal Occupation Property Manager		Name of En TFA Mana			•	Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Vigliotti	First Name Alex	-		MI	Cash	contribution: Personal Q y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 20 Griffing Pond Rd		City Branford			State CT	Zip Code 06405		ate Received 9/30/2009	Ð	
Principal Occupation President		Name of En Vigliotti (ployer Construction Co			Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Aggregate Contributions										\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Jodi Rell, Governor							Origina	al 10/13/2009	
	B. Itemized Contribution	ons from	Individu	ials					
Last Name First Name		МІ	Method of	contribution:		Contributior	n ID #	Amount of	
Celia Marilyn			Cash	V Order Personal C Credit/Deb		1424		Amount of Contribution	
Residential Street Address	City		State	Zip Code		ate Received			
7 N Valley Rd	New Milford		СТ	06776		9/30/2009			
Principal Occupation Office Manager	Dffice Manager Marlin Controls, Inc fundraising event listed in Section J1? If yes, list Event # X								
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions Is used block Is contributed of a lobbyist? Yes X No State								\$100.00	
Last Name First Name DeStefano Mark		МІ	Cash	contribution: X Personal C / Order Credit/Deb		Contributior 1425	n ID #	Amount of Contribution	
Residential Street Address	City		State	Zip Code		ate Received			
45 Barnview Ter .	Brookfield		СТ	06804		9/30/2009			
Principal Occupation Business Owner	Name of Employer Osman, LTD.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contributi \$1(ions 00.00	\$100.00	
Last Name First Name Linda		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 1426	n ID #	Amount of Contribution	
Residential Street Address 45 Barnview Ter .	City Brookfield		State CT	Zip Code 06804		ate Received 9/30/2009			
Principal Occupation Attorney	Name of Employer		<u></u>	Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00	
Last Name First Name Hyland John		MI	Method of Cash	contribution:	heck	Contribution	n ID #	Amount of Contribution	
	1			/ Order Credit/Deb		1427		Controlution	
Residential Street Address 132 Chipper Rd	City Waterbury		State CT	Zip Code 06704		ate Received 9/30/2009			
Principal Occupation	Name of Employer			Is this contribution associa	ted with a	a 🗖	Yes		
Retired Police Sgt				fundraising event listed in If yes, list Event #	Section J	1? x	No		
Is contributor a principal of a state contractor or prospective Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Legislative									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Itemized Co	ntributio	ons from	Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID #	
Halberg	Donald				Cash	V Order Credit/De		1428	II ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
36 Upper Valley Dr		New Milford			СТ	06776	0	9/30/2009		
Principal Occupation Electrician		Name of Employer Halberg Electric				Is this contribution assoc fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislat	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contribut	ions 00.00	\$100.00
Last Name DeStefano	First Name David			MI J	Cash	contribution: X Personal (/ Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 611 W 111th St		City New York			State NY	Zip Code 10025		ate Received 9/30/2009		
Principal Occupation Finance Manager		Name of Employer Osman, LTD.				Is this contribution assoc fundraising event listed in If yes, list Event #		1? □	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislat	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut	ions 00.00	\$100.00
Last Name DeStefano	First Name Gregory			MI	Cash	contribution: X Personal 0 7 Order Credit/De		Contribution 1430	n ID #	Amount of Contribution
Residential Street Address 201E 77th St Apt 10E		City New York			State NY	Zip Code 10025		ate Received 9/30/2009		
Principal Occupation Retired		Name of Employer				Is this contribution assoc fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislat	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$10	ions 00.00	\$100.00
Last Name Fasano	First Name Camille			MI	Cash	contribution: X Personal (7 Order Credit/De		Contribution 1433	n ID #	Amount of Contribution
Residential Street Address 98 N Racebrook Rd		City Woodbridge			State CT	Zip Code 06525		ate Received 9/30/2009		
Principal Occupation Homemaker		Name of Employer			•	Is this contribution assoc fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislativ										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FI	ILING	DUE DATE	
Jodi Rell, Governor							0	Driginal	1 10/13/2009	
		B. Itemized Contrib	utions fron	n Individu	ials					
Last Name	First Name		MI	Method of	contribution:		Contribution IE	D#		
Anastasio, Jr.	Andy			Cash	V Order Credit/Deb		1434	D #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
12 Pleasant Dr		North Haven		СТ	06473	09	9/30/2009			
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes VP A. Anastasio & Sons Truck Co If yes, list Event # Xo										
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution ID #								\$100.00		
Last Name Giuliano	First Name Paula		MI M	Cash	contribution: X Personal C y Order Credit/Deb		Contribution IE	D #	Amount of Contribution	
Residential Street Address 348 Maple Shade Rd		City Middletown		State CT	Zip Code 06457		nte Received 9/30/2009			
Principal Occupation Speech- Language Pathologist		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #		10			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependen	butor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contributions \$100.		\$100.00	
Last Name Tung	First Name Jennifer		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution IE	D #	Amount of Contribution	
Residential Street Address 137 Genesee Ln		^{City} Madison		State CT	Zip Code 06443		nte Received 9/30/2009			
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		I I I			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependen	outor a lobbyis tt child of a lob Yes	byist?	Aggreg	gate Contributions \$25.		\$25.00	
Last Name Gianacoplos	First Name Elizabeth		MI B	Cash	contribution: X Personal C y Order Credit/Deb		Contribution IE	D #	Amount of Contribution	
Residential Street Address 55 Skyline Dr		City Groton		State CT	Zip Code 06340		nte Received 9/30/2009			
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Ye Ye			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	s contributor a principal of a state contractor or prospective tate contractor? s yes, indicate which branch or branches of s yes, indicate which branches of s yes, in									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILINC	G DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Itemized Co	ontributio	ns from	Individu	ials				
Last Name Candelora	First Name Vincent			MI	Method of o Cash Money	contribution: X Personal O Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 405 Sea Hill Rd	1	City North Branford			State CT	Zip Code 06471	D	ate Received 9/30/2009)	
Principal Occupation Manager/Legislator		Name of Employer Taconic Wire/State	of CT			Is this contribution associ fundraising event listed in If yes, list Event #		19 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisla	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Banisch	First Name Thomas			MI J	Cash	contribution: X Personal C Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 554 Boston Post Rd		City Madison			State CT	Zip Code 06443		ate Received 9/30/2009)	
Principal Occupation Sales		Name of Employer TJ Banisch, LLC				Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisla	X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Fulco	First Name Mark			MI	Cash	contribution: X Personal C v Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 57 Whitewood Dr		City Rocky Hill			State CT	Zip Code 06067		ate Received 9/30/2009)	
Principal Occupation Healthcare Administrator		Name of Employer Sisters of Providence	ce Health S	System		Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisla	X No		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Fulco	First Name Nicholas			MI	Cash	contribution: X Personal C v Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 35 Bancroft Rd		City East Hartford			State CT	Zip Code 06118		ate Received 9/30/2009)	
Principal Occupation Landscaper		Name of Employer Pioneer Lawn Sprin	klers			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions										\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Jodi Rell, Governor								Origina	al 10/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
Last Name	First Name		MI	Method of	contribution:		0.11.6	ID //		
Ippolito	Alphonse			Cash	V Order Credit/Deb		Contribution 1431	ID#	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
6 Indian Woods Rd		Branford		СТ	06405	09	9/30/2009		-	
Principal Occupation Attorney		Name of Employer Fasano, Ippolito & Lee			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributio \$10	ons)0.00	\$100.00	
Last Name Ippolito	First Name Margaret	1	MI	Method of o Cash Money	contribution: X Personal C Order Credit/Deb		Contribution 1432	ID#	Amount of Contribution	
Residential Street Address 6 Indian Woods Rd		City Branford		State CT	Zip Code 06405		ate Received 9/30/2009			
Principal Occupation Physical Therapist		Name of Employer VA Hospital			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contributio \$10	ons 00.00	\$100.00	
Last Name Fulco	First Name Marie		MI D	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 1404	ID#	Amount of Contribution	
Residential Street Address 86 Spruce Dr		City East Hartford		State CT	Zip Code 06118		ate Received 9/30/2009			
Principal Occupation Retired		Name of Employer		<u> </u>	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributio \$10	ons)0.00	\$100.00	
Last Name Fulco	First Name Dominic		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 1403	ID #	Amount of Contribution	
Residential Street Address 86 Spruce Dr		City East Hartford		State CT	Zip Code 06118		ate Received 9/30/2009			
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions \$100.00 \$100										

		I. M	ONETARY RE	CEIPTS	6 (Section	n A-I)		_		
NAME OF COMMITTEE									FILINC	G DUE DATE
Jodi Rell, Governor									Origina	al 10/13/2009
		B. Ite	emized Contributi	ons from	ı Individu	ials		•		
Last Name Corridon	First Name Betty-Jo			MI	Cash	contribution: X Personal C / Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 62 Washington Post Dr		City Wilton			State CT	Zip Code 06897		ate Received 9/30/2009)	
Principal Occupation Retired Teacher		Name of En	nployer		-	Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$	tions 25.00	\$25.00
Last Name Chubinsky	First Name Lisa	1		MI	Cash	contribution: X Personal C / Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 25 Sharp Hill Rd		^{City} Wilton			State CT	Zip Code 06897		ate Received 9/30/2009)	
Principal Occupation Owner		Name of En Staff Pro	nployer viders, LLC			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$	tions 50.00	\$50.00
Last Name Smith	First Name Virginia			MI	Cash	contribution: X Personal C / Order Credit/Del		Contributio	on ID #	Amount of Contribution
Residential Street Address 35 Sturges Ridge Rd		^{City} Wilton			State CT	Zip Code 06897		ate Received 9/30/2009)	
Principal Occupation Psychologist		Name of En Self emp				Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$	tions 25.00	\$25.00
Last Name Marcarelli	First Name Robert	-		MI	Cash	contribution: X Personal C / Order Credit/Del		Contributio 1416	on ID #	Amount of Contribution
Residential Street Address 3 Dogwood Ct		^{City} Branford			State CT	Zip Code 06405		ate Received 9/30/2009)	
Principal Occupation Chef/Manager		Name of En Andy's M				Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$	tions 50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILINO	G DUE DATE
Jodi Rell, Governor							Origin	al 10/13/2009
		B. Itemized Contributi	ons fron	ı Individu	lals			
Last Name Marcarelli	First Name Shirley		MI	Method of o Cash Money	contribution: X Personal Cl v Order Credit/Debi	neck 141	ibution ID # 7	Amount of Contribution
Residential Street Address 3 Dogwood Ct		City Branford		State CT	Zip Code 06405	Date Rece 09/30/2		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Cor	ntributions \$50.00	\$50.00
Last Name Stryker	First Name David		MI	Method of a Cash Money	contribution: X Personal Cl v Order Credit/Debi	neck 139	ibution ID # Ə	Amount of Contribution
Residential Street Address 10 Whitehall Lndg		City Mystic		State CT	Zip Code 06355	Date Rece 09/30/2		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob 7es X	byist?	Aggregate Cor	ntributions \$50.00	\$50.00
Last Name Allard	First Name Monique		MI	Cash	contribution: X Personal Cl v Order Credit/Debi	neck 1402	ibution ID # 2	Amount of Contribution
Residential Street Address 174 Black Hill Rd		^{City} Plainfield		State CT	Zip Code 06374	Date Rece 09/30/2		
Principal Occupation Office Manager		Name of Employer Quality Homemakers		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate Cor	ntributions \$25.00	\$25.00
						Tota	l of Section B	\$14,760.00
TOTAL OF ALL CONTRIBU	UTIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary Pa	ige)	\$14,760.00

I. I	MONE	TAI	RY RECEIP	TS (S	ection A-I)			
NAME OF COMMITTEE							FILING	DUE DATE
Jodi Rell, Governor							Original	10/13/2009
C1. Co	ntributi	ons t	from Other C	ommit	ttees			
Name of Committee					Name of Treasurer			
Address			Is this contribution a fundraising event			Yes If yes, list Event	#	Amount of Contribution
City	State	Zip (Code	Date R	eceived	Aggregate Contributions		
		•		•		Total of S	Section C1	

I. MONETA	ARY RECH	EIPTS (Section	A-I)		
NAME OF COMMITTEE				FILIN	IG DUE DATE
Jodi Rell, Governor				Origi	nal 10/13/2009
C2. Reimbursemen	ts or Payme	ents from other C	ommittees		
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
		i			
City	State	Zip Code	Reimbursement for shared expense		
			Payment for goods and services		
			Total of Section	n C2	

	I. MONETARY RECEIPTS (Section	on A-K)			-	
NAME OF COMMITTEE					FILING	DUE DATE
Jodi Rell, Governor					Origina	1 10/13/2009
	D. Loans Received this Period					
Name of Lender				Source of Loan: Bank	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code		this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
	5	•	*	Total of	Section D	

	I. MONETA	ARY RECEIPTS	6 (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE			
Jodi Rell, Governor	di Rell, Governor Original 10/13/2009							
	E. Personal Funds of the Candidate Received this Period							
Date Received	Amount	Method of Payment Cas	h	Personal Check	Credit/Debit Card			
	Total of Section E							

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTE	ΈE				FILING DUE DATE					
Jodi Rell, Governor	odi Rell, Governor									
	F. Aı	nonymous Contribution	15							
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount					
	1	L	I	Total of Section F						

I. Monetary Receipts (Section A-I)								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Jodi Rell, Governor	Jodi Rell, Governor O							
G. Interest from Deposits in Authorized Accounts								
Name of Institution		Date Received				Total Amount Received		
Street Address	City		State	Zip Code				
	•		•	Total of Section	on G			

I. MONE	I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE				FILING DUE DATE						
Jodi Rell, Governor				Original 10/13/2009						
H. Public Grant Fu	nds Received from the C	itizen's Election Fund								
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independ Primary	ent Expenditure General or Special Election	Date Received	Amount						
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess E Primary	xpenditure General or Special Election								
			Total of Section	н						

I. MONE	TARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE				FILI	NG DUE DATE
Jodi Rell, Governor				Origi	inal 10/13/2009
I. Miscellaneous Mono	etary Receipts not Considered Contribu	tions			
Name		Date of Transaction			Amount Received
Street Address	City	State	Zip Code		
Description					
			Total of Sec	tion I	

	II. FUNDRAISING	G EVENT ACTIVITY				_		
NAME OF						FILING	DUE	DATE
Jodi Rell, Governor	ſ					Original	10/13	/2009
	J1. Fundra	ising Event Information						
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
Was this fundraising event he	• osted at a personal residence?		Yes		No		-	-
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes		No			

	II. FUNDRAISIN	G EVENT ACT	TIVITY			
NAME OF COMMITTEE					FILD	NG DUE DATE
Jodi Rell, Governor					Orig	inal 10/13/2009
	J2. Proceeds from Tag Sale, A	uction, or Other	Sale of Don:	ated Items		
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI N	fethod of payment Cash	Credit/Debit Card	Aggregate Amount of Purchases	
Residential Street Address	Citv	State	Zip Code	Date Received	Event #	
Items Purchased			1			-
					Total of Section J2	

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FIL	LING	DUE DATE
Jodi Rell, Governor Original						al 10/13/2009			
J3. In-Ki	nd Donations Not Considered Contribut	ions							
Name of the Donor					Donation G		Business Enti	ntity	Fair Market Value of Donation
Street Address	City		State	Zip	Code	Aggrega for this			
Description of Donation		Date	Receive	d	Event #				
						Total	of Section -	n J3	

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE								FILING I	DUE DATE	
Jodi Rell, Governor Original 10										
K. In-Kind Contributions										
Name Date Received								Fair Market Value of this Contribution		
Street Address		City	у		State	Zip Code				
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ye No		Is contributor a principal of a state contract contractor? If yes, indicate which branch or branches of government the contract is with:		Yes No Legislative				
Is this contribution associated with a fund- listed in Section J1? If yes, list Event#	aising event Yes	5	Desc	cription of In-Kind Contribution	Aggregate contr	ibutions				
							Total of	Section K		

III. Non Monetary Receipts									
NAME OF COMMITTEE							FILING DUE DATE		
Jodi Rell, Governor	Original 10/13/2009								
L. Refundable Deposit to Telephone Company									
Last Name (Individuals Only)	First Name					Date Received	Amount of Deposit		
Street Address	City		State	Zip Code					
Name of Telephone company									
Street Address	City				State Zip Code				
						Total of Section	L		

III. NONMONETARY RECEIPTS									
NAME OF COMMITTEE	FI	LING DUE DATE							
Jodi Rell, Governor	Or	riginal 10/13/2009							
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee									
Name of Committee									
Street Address		•		Fair Market Value of Donation					
City	State	Zip Code Aggregate Donations							
Description of Donation	Purpose of Expenditure A B								
			Total of Section	n M					

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Jodi Rell, Governor						Origi	nal 10/13/2009
	N. Expenses Paid By Commi	ttee				•	
Name of Payee US Postal Service	US Postal Service 07/24/2009				Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1036</u>		
Lasalle Road Branch	West Hartford	СТ	06107	POST	Debit Car	ď	
Description P.O. Box Rental Fee					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
X No							\$116.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Filomeno & Company, P.C.	Γ			07/24/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1035</u>		
80 S Main St	West Hartford	СТ	06107	RCW	Debit Car	ď	
Description					Event #		
Postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	1		
Yes X No							\$88.64
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Barbara H. Franklin				08/12/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1037</u>		
1875 Perkins St	Bristol	СТ	06010	REF	Debit Car	ď	
Description Refund Contribution					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$100.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Jodi Rell, Governor						Origi	nal 10/13/2009
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Wallace Barnes				Date of Payment 08/12/2009	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1038</u>		
875 Perkins St	Bristol	СТ	06010	REF	Debit Car	rd	
Description Refund Contributor					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No							\$100.00
				D			
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Warren Malkin	l	<u> </u>	1	08/21/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1041 Debit Car	.d	
42 Whisconier Rd	Brookfield	СТ	06804	REF	<u> </u>	u	
Description Refund contribution					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought	1		
Yes X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Intrepid Pixel, LLC	Γ			08/21/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1042</u>		
2475 Juniper Ave	Boulder	со	80304	CNSLT	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Jame		Office Sought			\$1,000.00
x _{No}							\$1,000.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Jodi Rell, Governor						Origi	nal 10/13/2009
	N. Expenses Paid By Comm	ittee				•	
Name of Payee Filomeno & Company, P.C.				Date of Payment 08/21/2009	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1040</u>		
80 S Main St	West Hartford	СТ	06107	RCW	Debit Car	rd	
Description postage for certified mail					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes X No					1		\$99.72
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Postmaster				08/21/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1039</u>		
Lasalle Road Branch	West Hartford	СТ	06107	POST	Debit Car	rd	
Description	•		-		Event #		
stamps							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$88.00
Name of Payee				Date of Payment 09/15/2009	Method of Pays	ment	Amount
Angelo's On Main	Cite	G	7. 0.1		X Check #		
Street Address 289 S Main St	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure FOOD	Debit Car	rd	
Description	West Halffold	01	00107		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought	I		
Yes X No							\$780.43
					Total of Sec	ction N	\$2,472.79

	IV.	EXPENDITURES							
NAME OF COMMITTE	ΞE						FILING	DUE DATE	
Jodi Rell, Governor Origi								Original 10/13/2009	
	O. Cam	paign Expenses Paid By Candidate							
Name of Payee Date of Paymen						s Reimbursement Claimed?		Amount	
Street Address		City	State	Zip Code		Yes No			
Purpose of Expenditure	Description			•	Event #				
	•				Г	Total of S	ection O		

	IV. EXPENDITURES										
NAME OF COMMITTEE							F	ILING DUE DATE			
Jodi Rell, Governor							O	riginal 10/13/2009			
P. Expenses Incurred on Committee Credit Card											
Name of Issuing Institution Type of Credit Card:											
Visa Master C						Discover	Ame	rican			
				Other							
Name of Vendor						Date of Transaction		Amount			
Street Address		City	s	State	Zip Code						
Purpose of Expenditure	Description					Event #					
	•					Total of Section	Р				

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IV. EXPENDITURES										
NAME OF COMMITTEE				FILING DU	E DATE					
Jodi Rell, Governor				Original 10	/13/2009					
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or					
Street Address	City		State	Zip Code	Actual)					
Purpose of Expenditure					•					
Is this expenditure coordinated with another candidate for Other Candid which reimbursement is sought? Yes No	late(s) Name	Office Sought								
			Total of	Section Q						

Dana	71	of 72
rage	/1	01/2

IV. EXPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE			
Jodi Rell. Governor					Origin	nal 10/13/2009			
R. Itemization of Reimburse	ements to Committee Worl	kers and	Consultants						
Name of Worker/Consultant Filomeno & Company,P.C. Secondary Payee		Date of Payment 07/24/2009 Purpose of Expenditure POST		Method of Paym X Check # 1035 Debit Card		Amount			
Street Address 80 S Main St	City West Hartford		State CT	Zip Code 06107					
Description Certified Mail				Event #					
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes X No	idate(s) Name	Office	Sought	-I		\$88.64			
Name of Worker/Consultant Filomeno & Company, P.C.		Date of Pa 07/24/		Method of Paym	lent	Amount			
Secondary Payee		Purpose o POST	of Expenditure	1040	1				
Street Address 80 S Main St	^{City} West Hartford		State CT	Zip Code 06107					
Description Certified Mail/Postage				Event #					
which reimbursement is sought?	idate(s) Name	Office	Sought			\$99.72			
X No				Total of Se	ection R	\$99.72 \$188.36			

IV. EXPENDITURES					
NAME OF COMMITTEE				FILING DUE DATE	
Jodi Rell, Governor				Original 10/13/2009	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient				Original Purchase Amount of Item	
Street Address	City	State	Zip Code		
Description					
Total of Section S					