## **SEEC FORM 30**

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



Electronic Filing

Page 1 of 68

## SUMMARY PAGE

			20111		TIGE					
1.NAME OF COMMITTEE							2. TYP	PE OF COMMITTEE		
Lebeau, Rebuilding Co	nnecticut						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME										
Title	First <b>Timothy</b>			MI <b>D</b>	Last Larson			Suffix		
4. TREASURER ADDRESS										
Street Address			City			State	2	Zip Code		
33 Gorman Pl			East F	Hartford		СТ	(	06108		
5. ELECTION DATE			6. O	FFICE SOUG	HT ( if applicable )	•	7. DISTR	ICT CODE (if applicable)		
11/02/2010		Undetermined								
8. CANDIDATE NAME								_		
Title	First <b>Gary</b>			MI <b>D.</b>	Last <b>Lebeau</b>			Suffix		
9. TYPE OF REPORT										
October 10 Filing - Ori	ginal									
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		07/01/2009	thru	1	09/30/2009					
			11 CFR	TIFICATION						
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 SIGNATURE		<b>Kathleen Randall</b> PRINT NAME OF THE	E SIGNE	ΞR		3/2009 CERTIFIED				
					LE BY FINE NOT TO EXCEED IAN ONE YEAR, OR BOTH.					

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

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Lebeau, Rebuilding Connecticut	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	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$28,945.00	\$28,945.00
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)	\$28,945.00	\$28,945.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$28,945.00	\$28,945.00
20. Expenses Paid by Committee (Section N)	\$3,332.94	\$3,332.94
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$25,612.06	\$25,612.06
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$200.66	\$200.66
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)	\$184.74	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$184.74	

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lebeau, Rebuilding Connecticu	t								Origina	al 10/13/2009
A. Total Contributions from	n Small (	Contribu	itors_Received th	is Paria	d ONL V	7				
(See instructions for definition of Small			itors-received th	15 1 (110		total Section A	\$0.00			
		B. It	emized Contribution	ons from	Individu	ials				
Last Name	First Name			MI	Method of o	contribution:		Contributio	on ID #	Amount of
Larson	Timothy			D	X Cash Money	=	al Check Debit Card	0001		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
33 Gorman Pl		East Har	tford		СТ	06108	0	7/18/2009	Ð	
Principal Occupation  Executive Director		Name of En Tweed N Authorit	New Haven Regional A	Airport		Is this contribution ass fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	7.00.101.10	Yes X No		utor a lobbyist	byist?	Aggre	gate Contribu	itions	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	es x	No				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
LeBeau	Christoph	er			Cash Money	=	al Check Debit Card	0002		Contribution
Residential Street Address	!	City			State	Zip Code		ate Received		
4 Gorman Pl		East Har	tford		CT	06108		7/23/2009	€	
Principal Occupation		Name of E	mployer		ļ.	Is this contribution ass	ociated with	a [	Yes	
Student		l	ndustries			fundraising event liste If yes, list Event #	d in Section .		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	Yes X No		utor a lobbyist	byist?	Aggre	egate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of o	contribution:	•	Contributio	on ID#	Amount of
Carlson	Joseph			R	Cash Money	=	al Check Debit Card	0003		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1392 Silver Ln		East Har	tford		СТ	06118-1333	0	7/28/2009	€	
Principal Occupation Investment Advisor		Name of E				Is this contribution ass fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of			Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggre	gate Contribu \$1	itions	\$100.00
government the contract is with:	_	Executive	Legislative					1		
Last Name Sullivan	First Name James			MI M	Cash	= ' -	al Check Debit Card	Contribution 0004	on ID #	Amount of Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
30 Butternut Dr		Norwich			СТ	06360-3024	0	7/28/2009	€	
Principal Occupation		Name of E	mployer			Is this contribution ass	ociated with	a	Yes	
Consultant		Sullivan	Consulting LLC			fundraising event liste If yes, list Event #	d in Section .	J1?	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	Yes X No		utor a lobbyist	byist?	Aggre	egate Contribu \$1	tions	\$100.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Lebeau, Rebuilding Connecticu	t								Origin	al 10/13/2009		
		B. Ito	emized Contributi	ions from	ı Individu	ıals		•				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Randall	Kathleen				Cash Money	y Order X Personal Credit/De		0005		Contribution		
Residential Street Address	-	City		-	State	Zip Code	D	ate Received				
14 Julia Ct		Broad Bro	ook		СТ	06016	0	8/01/2009	)			
Principal Occupation Grants Coordinator		Name of En	nployer			Is this contribution associated fundraising event listed if yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Lauzier	Michelina			G	Cash Money	y Order X Personal Credit/Do		0007		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received				
10 Comanche Rd		East Hart	ford		СТ	06118	0	8/11/2009	)			
Principal Occupation		Name of En Retired	nployer			Is this contribution assoc fundraising event listed If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribut	tions 60.00	\$60.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
LeBeau	Joanne				Cash Money	y Order Personal Credit/De		0006		Contribution		
Residential Street Address		City			State	Zip Code		ate Received				
4 Gorman Pl		East Hart	ford		СТ	06108	0	8/11/2009	)			
Principal Occupation Teacher		Name of En East Har	nployer tford BOE			Is this contribution associated fundraising event listed in the second s		J1?	Yes No			
				1			1		_			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribut \$1	00.00	\$100.00		
government the contract is with:  Last Name	First Name		Беділіште	MI	I	contribution:		Gt-ibti-	ID #			
Larko	Joyce			В	Cash	y Order Personal Credit/De		Contributio	in ID#	Amount of Contribution		
Residential Street Address	•	City		•	State	Zip Code	D	ate Received				
76 Manning Ln		East Hart	ford		СТ	06118	0	8/14/2009	)			
Principal Occupation		Name of En Retired	nployer		•	Is this contribution assoc fundraising event listed if If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contribut	tions 50.00	\$50.00		
government the contract is with:	Ц	Executive	Legislative	1	res x	No						

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lebeau, Rebuilding Connecticut	t								Origin	al 10/13/2009
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Stevenson	Craig				Cash Money	y Order X Credit/De		0009		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
52 Milwood Rd		East Hart	ford		СТ	06118	0	8/17/2009	9	
Principal Occupation  Economic Developer		Name of Er Self emp				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	itions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	
Koteen	Charles				Cash	Personal C  y Order  X Credit/De		0010	JII ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
50 Chapman Pl		East Hart	ford		СТ	06108	0	8/17/2009	9	
Principal Occupation  Real Estate Management		Name of Er Center S	nployer Studios LLC		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$3	ntions 375.00	\$375.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Tim	Appleton				Cash Money	y Order X Credit/De		0011		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
161 Woodland Dr		South Wi	ndsor		СТ	06074	0	8/20/2009	9	ļ
Principal Occupation  Aide		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu	tions \$20.00	\$20.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Dube	Leonard				Cash Money	Personal C  y Order  X Credit/De		0012		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
410 Funston Ave		Torringto	n		СТ	06790	0	8/25/2009	9	
Principal Occupation		Name of Er Retired I				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$1	itions	\$100.00
government the contract is with:	니	Executive	Legislative		res 🔼	No				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lebeau, Rebuilding Connecticu	t								Origin	al 10/13/2009
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Alstrum	Timothy				Cash Money	Personal C  x Credit/De		0013		Contribution
Residential Street Address	•	City		•	State	Zip Code	Е	Date Received		
34 Jefferson Ln		East Hart	ford		СТ	06118	0	08/25/2009	9	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		J1?	Yes	
Educator		Glastonb	oury BOE			If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I -	t child of a lob Yes	•		4	\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Leibowitz	Dorothy				Cash Money	Personal C  y Order X Credit/De		0014		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
38 Strong Dr		East Hart	ford		СТ	06118	0	08/26/2009	9	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ	ated with	a	Yes	
Auditor		State of	Connecticut			fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No		outor a lobbyis t child of a lob	-	Aggre	egate Contribu	itions	•
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		4	\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Parham	Kourosh				Cash Money	y Order X Personal C		0016		Contribution
Residential Street Address	•	City			State	Zip Code	Е	Date Received		
32 Beverly Rd		West Har	tford		СТ	06119	0	9/07/2009	9	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Physician		UCONN I	Health Center			fundraising event listed in If yes, list Event #	Section.	x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	L \	res X	No		1		1
Last Name Sirois	First Name Patricia			MI A	Method of Cash	contribution:	Theck	Contributio	on ID #	Amount of
SIFOIS	Patricia			A		y Order Credit/De		0017		Contribution
Residential Street Address		City			State	Zip Code	E	Date Received		
45 Jefferson Ln		East Hart	ford		СТ	06118	0	)9/07/2009	9	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Cyto technologist		Baystate	Medical Center			If yes, list Event #	. Section .	х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis	-	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Para C	□	dependent	t child of a lob Yes	-		\$1	100.00	\$100.00
government the contract is with:	ᆜ	Executive	Legislative	Т п,	ies 🔼	INO				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lebeau, Rebuilding Connecticut									Origin	al 10/13/2009
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Hale	Kathy				Cash	y Order X Credit/De		0015		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
54 Orchard Hill Dr		South Wi	ndsor		CT	06074		9/07/2009	9	
Principal Occupation		Name of Er	nployer		-	Is this contribution associ	iated with	a	Yes	İ
attorney		self emp				fundraising event listed in If yes, list Event #	n Section .	J1? x	No	
				I			1			
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu	itions 575.00	\$75.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		Ψ	575.00	\$75.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
McCarthy	Carole			S	Cash Money	y Order Registration   X Personal C		0018		Contribution
Residential Street Address		City		-	State	Zip Code		ate Received		
150 Bayview Ave		Mystic			СТ	06355	0	9/10/2009	)	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes	
		Retired				fundraising event listed in If yes, list Event #	n Section .	)1?   <b>x</b>	No	
Is contributor a principal of a state contractor of	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of			_		child of a lob	•		-	.00.00	\$100.00
government the contract is with:		Executive	Legislative	L \ \	res x	No		1		<u> </u>
Last Name Girard	First Name Roch			MI J	Method of Cash	contribution:	Check	Contributio	on ID#	Amount of Contribution
Giraru	ROCH			]		y Order Credit/De		0019		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
155 Forest St		East Hart	ford		СТ	06118	0	9/16/2009	9	
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in			Yes	
Retired		Retired				If yes, list Event #		х	No	
Is contributor a principal of a state contractor of	or prospective	l	Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of	П	F			child of a lob	-		\$3	375.00	\$375.00
government the contract is with:	<u> </u>	Executive	Legislative	+ -	I		<u> </u>	1		<u> </u>
Last Name Genga	First Name Elaine			MI A	Method of Cash	contribution:  X Personal 0	Check	Contributio	on ID#	Amount of Contribution
						y Order Credit/De	bit Card	0020		
Residential Street Address		City			State	Zip Code		ate Received		
5 Elaine Dr		East Hart	ford		СТ	06118	0	9/16/2009	9	ļ
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in		<sub>J1?</sub> 🗀	Yes	
		Retired				If yes, list Event #		х	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	†
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$1	.00.00	\$100.00
government the contract is with:		Lxecutive	Legisiative	Т Г ,		INO	1			<u> </u>

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Lebeau, Rebuilding Connecticut	t								Origina	al 10/13/2009
		B. Ite	emized Contributi	ions from	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
McCreery	Ellen				Cash Money	y Order X Personal C		0022		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
39 Greene Ter		East Hart	ford		СТ	06108	0	9/17/2009	)	
Principal Occupation Accountant		Name of En			•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$2	tions 00.00	\$200.00
Last Name	First Name			MI		contribution:		Contributio	n ID #	
Merrick	Stephen			J	Cash	y Order Personal Credit/De		0021	II ID#	Amount of Contribution
Residential Street Address	•	City		1	State	Zip Code	D	ate Received		
223 Hollister Dr		East Hart	ford		СТ	06118	0	9/17/2009	)	
Principal Occupation Business Representative		Name of En	nployer 26 IAMAW		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Newman	Bruce				Cash Money	y Order X Personal C		0025		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
2110 Mill Pond Dr		South Wi	ndsor		СТ	06074	0	9/18/2009	)	
Principal Occupation  Educator		Name of En Retired	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribut \$3	tions 75.00	\$375.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Lopez	Muriel			L	Cash Money	y Order Personal Credit/De		0023		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
50 Dogwood Ln		Glastonb	ury		СТ	06033	0	9/18/2009	)	
Principal Occupation Teacher		Name of En Retired	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Para meri	Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribut	tions 00.00	\$100.00
government the contract is with:	ᆜ	Executive	Legislative	<sub>Y</sub>	cs	INO				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lebeau, Rebuilding Connecticu	t								Origin	al 10/13/2009
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Lopez	Edward			J	Cash Money	y Order X Personal C		0024		Contribution
Residential Street Address	•	City		•	State	Zip Code	Е	ate Received		
50 Dogwood Ln		Glastonb	ury		СТ	06033	0	9/18/2009	)	
Principal Occupation Bldg Contractor		Name of Er Retired	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis	t, spouse, or	Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	•		\$	25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	-	Contributio	n ID#	Amount of
Driscoll	Eileen			Р	Cash Money	y Order X Personal C		0027		Contribution
Residential Street Address	-	City			State	Zip Code	Е	ate Received		
672 Forest St		East Hart	ford		СТ	06118	0	9/20/2009	)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Clerical		Town of	East Hartford	-		If yes, list Event #	ii section .	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	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	n ID#	Amount of
Pinard	Mark			S	Cash Money	y Order X Personal C		0032		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
650 Stone Rd		Windsor			СТ	06095	0	9/20/2009	)	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Boilermaker		Maincon	Services			fundraising event listed in If yes, list Event #	ii section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob Yes	-		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Pinard	Dorothy			В	Cash Money	y Order Personal C		0033		Contribution
Residential Street Address		City			State	Zip Code	E	ate Received		
650 Stone Rd		Windsor			СТ	06095	0	9/20/2009	)	
Principal Occupation  Cook		Name of Er Windsor	nployer Food Service			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
To contain the con				1,		·	1			ł
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob	-	Aggre	egate Contribu	00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		Д		\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						(	Origina	1 10/13/2009
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Sawka	First Name Michael		MI	Cash	contribution:    X   Personal Cl y Order	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 295 Rye St		City Broad Brook		State CT	Zip Code 06016		te Received /20/2009		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution \$375		\$375.00
Last Name Miller	First Name William		MI D	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 61 Sunset Ridge Dr		City East Hartford		State CT	Zip Code 06118		te Received /20/2009		
Principal Occupation Senior Caucus Aide		Name of Employer State of CT Senate Democra	ts	•	Is this contribution associa fundraising event listed in If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00
Last Name Miller	First Name Sharon		MI A	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 61 Sunset Ridge Dr		City East Hartford		State CT	Zip Code 06118		te Received /20/2009		
Principal Occupation Town Clerk		Name of Employer Town of East Hartford			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name O'Connell	First Name Karen		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 48 Norman Dr		City South Windsor		State CT	Zip Code 06074		te Received /20/2009		
Principal Occupation Teacher		Name of Employer East Hartford BOE			Is this contribution associa fundraising event listed in If yes, list Event #		? X	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution	ns 0.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILIN	G DUE DATE				
Lebeau, Rebuilding Connecticu	t						Origin	al 10/13/2009				
		B. Itemized Contributi	ions from	ı Individu	ıals							
Last Name LeBeau	First Name Matthew		MI S	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0031	oution ID #	Amount of Contribution				
Residential Street Address 4 Gorman Pl		City East Hartford		State CT	Zip Code 06118	Date Recei						
Principal Occupation		Name of Employer unemployed		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00				
Last Name Goff	First Name Alex		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 0034	oution ID#	Amount of Contribution				
Residential Street Address 74 Edward St		City Newington		State CT	Zip Code 06111	Date Recei 09/21/2						
Principal Occupation  Railroad Consultant		Name of Employer URS Corp		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$375.00	\$375.00				
Last Name Vrooman	First Name Gary		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0043	oution ID#	Amount of Contribution				
Residential Street Address 47 Emily Rd		City Marlborough		State CT	Zip Code 06447	Date Recei						
Principal Occupation Optometrist		Name of Employer Self employed			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Cont	ributions \$100.00	\$100.00				
Last Name Polo	First Name Michael		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 0035	oution ID#	Amount of Contribution				
Residential Street Address 369 Progress Dr		City Manchester		State CT	Zip Code 06042	Date Recei 09/22/2						
Principal Occupation Small Business Owner		Name of Employer  AdChem Manufacturing Tech	nologies	•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$375.00	\$375.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILIN	G DUE DATE				
Lebeau, Rebuilding Connecticu	t						Origii	nal 10/13/2009				
		B. Itemized Contribut	ions fron	ı Individu	ıals							
Last Name Russell	First Name Dan		MI L	Cash	contribution:    X   Personal Character   Credit/Debi	neck 00:	ntribution ID #	Amount of Contribution				
Residential Street Address 118 Oak St		City East Hartford		State CT	Zip Code 06118	Date Re-						
Principal Occupation Architect		Name of Employer Russell & Dawson LLC		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	contributions \$100.00	\$100.00				
Last Name Russell	First Name Elizabeth		MI K	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 00:	ntribution ID #	Amount of Contribution				
Residential Street Address 118 Oak St		City East Hartford		State CT	Zip Code 06118	Date Re-						
Principal Occupation n/a		Name of Employer n/a		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00				
Last Name Zipfel	First Name David		MI A	Cash	contribution:    X   Personal Character   Credit/Debi	neck 004	ntribution ID #	Amount of Contribution				
Residential Street Address 154 Birch Mountain Rd		City Bolton		State CT	Zip Code 06043	Date Re-						
Principal Occupation self employed		Name of Employer Self employed			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	contributions \$375.00	\$375.00				
Last Name Srinivasan	First Name Amrutur		MI V	Cash	contribution:  X Personal Characteristics y Order Credit/Debi	neck 00	ntribution ID #	Amount of Contribution				
Residential Street Address 25 Colony Corcle		City Glastonbury		State CT	Zip Code 06033	Date Re-						
Principal Occupation Engineer		Name of Employer Retired		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Lebeau, Rebuilding Connecticu	t						Ori	iginal 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Salerno	First Name Donna		MI	Cash	contribution:    X   Personal Characteristics   Personal Characteristics   Credit/Debit   Personal Characteristics   Personal Cha	neck 0	Contribution ID :	# Amount of Contribution
Residential Street Address 801 Autumn Chase		City Ellington		State CT	Zip Code 06029		Received 22/2009	
Principal Occupation Teacher		Name of Employer East Hartford BOE		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$50.0	\$50.00
Last Name Tonucci	First Name Richard		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address  3 Glen Hollow Dr		City Unionville		State CT	Zip Code 06085		Received 22/2009	
Principal Occupation Owner		Name of Employer Fairway		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name Yagaloff	First Name Keith		MI	Cash	contribution:    X   Personal Character   Credit/Debit	neck 0	Contribution ID :	# Amount of Contribution
Residential Street Address 65 Pheasant Way		City South Windsor		State CT	Zip Code 06074		Received 22/2009	
Principal Occupation Attorney		Name of Employer Self employed			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0	\$100.00
Last Name Wilson	First Name Ronnie		MI L	Cash	contribution:  X Personal Cl  y Order Credit/Debi	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 284 Hills St		City East Hartford		State CT	Zip Code 06118		Received 22/2009	
Principal Occupation  Custodian		Name of Employer East Hartford BOE			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$375.0	\$375.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origi	nal 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Zimmerman	First Name Craig		MI	Cash	contribution:    X   Personal Cl y Order	heck 00	ntribution ID#	Amount of Contribution
Residential Street Address 5A Amato Dr		City South Windsor		State CT	Zip Code 06074	Date Re		
Principal Occupation  Manager		Name of Employer State of CT Dept of Social So	ervices	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	contributions \$200.00	\$200.00
Last Name Perlstein	First Name Matthew		MI N	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 00-	ntribution ID#	Amount of Contribution
Residential Street Address 290 Dug Rd		City South Glastonbury		State CT	Zip Code 06073	Date Re 09/22		
Principal Occupation  Lawyer		Name of Employer Perlstein, Sandler & McCrack	ken		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$200.00	\$200.00
Last Name Havens	First Name Edward		MI F	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 00-	ntribution ID#	Amount of Contribution
Residential Street Address 25 Imperial Dr		City South Windsor		State CT	Zip Code 06074	Date Re		
Principal Occupation Owner		Name of Employer Imperial Oil Co.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$375.00	\$375.00
Last Name McClellan	First Name Gail		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 00-	ntribution ID#	Amount of Contribution
Residential Street Address 26 Stein Rd		City Ellington		State CT	Zip Code 06029	Date Re	eceived /2009	
Principal Occupation Office Manager		Name of Employer Burnside Ice Co		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$350.00	\$350.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	al 10/13/2009
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name LeBeau	First Name Kara		MI D	Cash	contribution:    X   Personal Characteristics   Personal Characteristics   Credit/Debit   Personal Characteristics   Personal Cha	neck 003	ribution ID#	Amount of Contribution
Residential Street Address 4 Gorman Pl		City East Hartford		State CT	Zip Code 06108	Date Rec 09/22/		
Principal Occupation Teacher		Name of Employer CREC		•	Is this contribution associate fundraising event listed in State If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Loeb	First Name Rober		MI S	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 004	ribution ID #	Amount of Contribution
Residential Street Address 26 Ferncliff Dr		City West Hartford		State CT	Zip Code 06117	Date Rec 09/22/		
Principal Occupation Distributor		Name of Employer Allan S Goodman Inc		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$350.00	\$350.00
Last Name Shannahan	First Name Suzanne		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 004	ribution ID#	Amount of Contribution
Residential Street Address 426 Thompsonville Rd		City Suffield		State CT	Zip Code 06078	Date Rec 09/22/		
Principal Occupation		Name of Employer Retired			Is this contribution associate fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Shannahan	First Name Jown		MI W	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 004	ribution ID#	Amount of Contribution
Residential Street Address 426 Thompsonville Rd		City Suffield		State CT	Zip Code 06078	Date Rec 09/22/		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	nal 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Leighton	First Name Mark		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	neck 005	ribution ID #	Amount of Contribution
Residential Street Address 21 Birch View Dr		City Ellington		State CT	Zip Code 06029	Date Reco		
Principal Occupation Attorney		Name of Employer Leighton Katz & Drapeau		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Bierbaum	First Name Joseph		MI	Cash	contribution:  Personal Cl y Order X Credit/Deb	neck 005	ribution ID#	Amount of Contribution
Residential Street Address 97 Injun Hollow Rd		City Haddam Neck		State CT	Zip Code 06424	Date Reco		
Principal Occupation Admissions		Name of Employer Stone Academy			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ntributions \$350.00	\$350.00
Last Name Maneeley	First Name Bruce		MI A	Cash	contribution:  X Personal Cl y Order Credit/Deb	neck 005	ribution ID #	Amount of Contribution
Residential Street Address 15 Bancroft		City South Windsor		State CT	Zip Code 06074	Date Reco		
Principal Occupation  Maneeley's		Name of Employer Maneeley Banquet Facility L	LC	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	s375.00	\$375.00
Last Name Sullivan	First Name Thomas		MI	x Cash	contribution:  Personal Cl y Order Credit/Deb	neck 005	ribution ID #	Amount of Contribution
Residential Street Address 206 McKinley Ave		City Norwich		State CT	Zip Code 06360	Date Reco		
Principal Occupation Project Manager		Name of Employer Westinghouse Electric		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ntributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	nal 10/13/2009
		B. Itemized Contributi	ons from	ı Individu	ıals		•	
Last Name Carey, Jr.	First Name Joseph		MI D	Cash	contribution:		ntribution ID #	Amount of Contribution
Residential Street Address		City		State	y Order Credit/Debi	t Card  Date Rec	ceived	-
296 Maple St		East Hartford		СТ	06118	09/25/	/2009	1
Principal Occupation Owner		Name of Employer  JDC Enterprises, Inc			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$375.00	\$375.00
Last Name Carey	First Name Elaine		MI M	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 00	ntribution ID#	Amount of Contribution
Residential Street Address 296 Maple St		City East Hartford		State CT	Zip Code 06118	Date Red 09/25/		
Principal Occupation homemaker		Name of Employer None			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$375.00	\$375.00
Last Name Wolak	First Name Frank		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 006	atribution ID #	Amount of Contribution
Residential Street Address 417 Main Rd		City Granville		State MA	Zip Code 01034	Date Rec 09/25,		
Principal Occupation  Executive		Name of Employer Fuel Cell EnergyInc			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$200.00	\$200.00
Last Name Byrnes	First Name Patricia		MI L	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 007	ntribution ID#	Amount of Contribution
Residential Street Address 57 Garvan St		City East Hartford		State CT	Zip Code 06108	Date Rec 09/25/		
Principal Occupation Transcription Supervisor		Name of Employer St. Francis Hospital		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							FI	ILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						О	riginal	1 10/13/2009
		B. Itemized Contribution	ons from	ı Individu	ıals				
Last Name Testa	First Name Sebastian		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck	Contribution IE	O #	Amount of Contribution
Residential Street Address 77 Sherwood Dr		City East Hartford		State CT	Zip Code 06108		Received 25/2009		
Principal Occupation Project Manager		Name of Employer  Naek Construction Co Inc			Is this contribution associa fundraising event listed in 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	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions		\$200.00
Last Name Lopes	First Name Richard		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	heck	Contribution IE	D #	Amount of Contribution
Residential Street Address 208 S Mountain Dr		City New Britain		State CT	Zip Code 06052		Received 25/2009		
Principal Occupation Aide		Name of Employer State of CT			Is this contribution associa fundraising event listed in 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	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$50		\$50.00
Last Name Anis Anwar	First Name Yusra		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck	Contribution ID	O #	Amount of Contribution
Residential Street Address 93 Rockledge Dr		City South Windsor		State CT	Zip Code 06074		Received 25/2009		
Principal Occupation Physician		Name of Employer Anis & Martin Medical Assoc			Is this contribution associa fundraising event listed in 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	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	e Contributions \$375.		\$375.00
Last Name Anwar	First Name M. Saud		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck	Contribution ID	O #	Amount of Contribution
Residential Street Address 93 Rockledge Dr		City South Windsor		State CT	Zip Code 06074		Received 25/2009		
Principal Occupation Physician		Name of Employer Northeast Pulmonary Assoc		•	Is this contribution associa fundraising event listed in 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	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions		\$375.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	al 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Kayser	First Name Anthony		MI S	Cash	contribution:		bution ID#	Amount of Contribution
Residential Street Address		City		State	y Order X Credit/Debi	Date Rece		
23 Dartmouth Dr  Principal Occupation retired		East Hartford  Name of Employer  none		СТ	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$75.00	\$75.00
Last Name Nadel	First Name Gladys		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0058	bution ID#	Amount of Contribution
Residential Street Address 155 Windermere Ave		City Ellington		State CT	Zip Code 06029	Date Rece 09/25/2		
Principal Occupation retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Nadel	First Name Joel		MI	Cash	contribution:    X   Personal Cl	neck 0059	bution ID #	Amount of Contribution
Residential Street Address 155 Windermere Ave		City Ellington		State CT	Zip Code 06029	Date Rece 09/25/2		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Aberasturia	First Name Ram		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0066	bution ID#	Amount of Contribution
Residential Street Address 36 Eric Way		City East Hartford		State CT	Zip Code 06108	Date Rece 09/25/2		
Principal Occupation Director		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 state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$375.00	\$375.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lebeau, Rebuilding Connecticut	t								Origin	al 10/13/2009
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Blanchette	Gary			J	Cash Money	y Order Registration   X Personal C		0061		Contribution
Residential Street Address	l	City			State	Zip Code		ate Received		
250 Jobs Hill Rd		Ellington			CT	06029		9/25/2009	)	
Principal Occupation		Name of Er	mployer		-	Is this contribution associ			Yes	
Retired		Retired				fundraising event listed in If yes, list Event #	n Section .	x x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribut	tions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Tes	•		\$3	50.00	\$350.00
government the contract is with:  Last Name	First Name	Zaccuare	Zegistative	I MI	1	contribution:		Contributio	ID //	<u> </u>
Zajchowski	Ann			IVII	Cash	X Personal 0		0064	in ID#	Amount of Contribution
					<del>                                     </del>	y Order Credit/De				
Residential Street Address 461 Rye St		City South Wi	ndsor		State	Zip Code 06074		Pate Received 19/25/2009	)	
Principal Occupation		Name of Er			1	Is this contribution associ	_		Yes	İ
Executive Assistant		Goodwin				fundraising event listed in If yes, list Event #		J1?	No 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 No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$2	tions 00.00	\$200.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Reverendo	Jose				Cash Money	y Order X Personal C		0060		Contribution
Residential Street Address		City		-	State	Zip Code	Б	ate Received		
1225 Main St		Glastonb	ury		СТ	06033	0	9/25/2009	)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Liquor Retailer		Reveren	do Corp			If yes, list Event #	i beedon .	х	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П				t child of a lob Yes	-		\$1	00.00	\$100.00
government the contract is with:		Executive	Legislative	<del>                                     </del>	1			1		<u> </u>
Last Name Cavaliere	First Name Pam			MI	Method of Cash	contribution:  Personal 0	Check	Contributio	n ID#	Amount of Contribution
Su vulloi e						y Order X Credit/De	bit Card	0085		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
25 Callahan Ln		East Hart	ford		СТ	06118	0	9/25/2009	)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		J1?	Yes	
National Resident Liaison		HangarC	orthotics & Prosthetic	LS .		If yes, list Event #		х	No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		outor a lobbyis	-	Aggre	gate Contribut	tions	Ì
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	t child of a lob Yes	-		\$	50.00	\$50.00
government the contract is with:	ш	Executive	Legisiative	Т П,		INU	1			<u> </u>

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						C	Origina	1 10/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals		•		
Last Name Harrell	First Name Francine		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 298 Rock Landing Rd		City Haddam Neck		State CT	Zip Code 06424		e Received /25/2009		
Principal Occupation Secretary		Name of Employer Manchester BOE		•	Is this contribution associat fundraising event listed in S If yes, list Event #			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$350		\$350.00
Last Name Ehler	First Name David		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 16 Evergreen Trl		City Farmington		State CT	Zip Code 06032		e Received /25/2009		
Principal Occupation Chemist		Name of Employer Vi Chem Inc			Is this contribution associate fundraising event listed in St. If yes, list Event #		Y X N	res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution		\$100.00
Last Name Clark	First Name Ann		MI	Cash	contribution:    X   Personal Character   Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 16 Evergreen Trl		City Farmington		State CT	Zip Code 06032		e Received /25/2009		
Principal Occupation Administrator		Name of Employer Goodwin College			Is this contribution associate fundraising event listed in St. If yes, list Event #			res No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution		\$100.00
Last Name Marth	First Name Edward		MI C	Cash	contribution:  X Personal Chry Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 96 Kingston Rd		City Wyoming		State RI	Zip Code 02898		e Received /25/2009		
Principal Occupation Executive Director		Name of Employer UCONN AAUP			Is this contribution associat fundraising event listed in S If yes, list Event #		Y X N	res No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$350		\$350.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	nal 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Scheinberg	First Name Kathleen		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 00	ntribution ID #	Amount of Contribution
Residential Street Address 27 Farmstead Rd		City Glastonbury	1	State CT	Zip Code 06033	Date Re	eceived 5/2009	1
Principal Occupation Nurse		Name of Employer ECHN		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		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	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$300.00	\$300.00
Last Name Sullivan-Corbett	First Name Erica		MI L	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 00	ntribution ID #	Amount of Contribution
Residential Street Address 75 Fanning Ave		City Norwich		State CT	Zip Code 06360	Date Re	eceived 5/2009	
Principal Occupation  Quality Assurance Mgr		Name of Employer Mystic Management Systems	5		Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name LaBella	First Name Gaetano		MI	Cash	contribution:    X   Personal Character   Credit/Debit	neck 00	ntribution ID#	Amount of Contribution
Residential Street Address 35 Hillcrest Ave		City Wethersfield		State CT	Zip Code 06109	Date Re 09/25		
Principal Occupation  Alumni Relations Director		Name of Employer Goodwin College			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate C	Contributions \$200.00	\$200.00
Last Name Lopez, Jr.	First Name Victor		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 00	ntribution ID #	Amount of Contribution
Residential Street Address 23 Haystack Cir		City Waterbury		State CT	Zip Code 06704	Date Re	eceived 5/2009	
Principal Occupation Admissions Representative		Name of Employer Stone Academy			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lebeau, Rebuilding Connecticu	t								Origin	al 10/13/2009
		B. It	temized Contribution	ons fron	ı Individu	ıals				
Last Name Sullivan	First Name Debra			MI P	Cash	contribution:  X Personal ( y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 14 Wexford Rd		City Delmar			State NY	Zip Code 12054		Date Received		
Principal Occupation None		Name of E None	imployer	_	•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribi	utions 375.00	\$375.00
Last Name Sullivan	First Name Ginger			MI	Cash	contribution:    X   Personal 0 y Order   Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 4 Debbie Ct		City Norwich			State CT	Zip Code 06360		Date Received		
Principal Occupation homemaker		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Sullivan	First Name Robert			MI	Cash	contribution:  X Personal O y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 4 Debbie Ct		City Norwich			State CT	Zip Code 06360		Date Received		
Principal Occupation President		Name of E Mystic N	mployer Management Systems			Is this contribution associ fundraising event listed in If yes, list Event #		<sub>J12</sub> L	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Stauch	First Name Elizabeth			MI	Cash	contribution:  X Personal ( y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 17 Lennox Ave		City Windsor			State CT	Zip Code 06095		Date Received		
Principal Occupation Billing Administrator		Name of E Environ	mployer mental Services, Inc.		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribi	utions 375.00	\$375.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILE	NG DUE DATE
Lebeau, Rebuilding Connecticu	t						Orig	inal 10/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Siggins	First Name		MI	Method of Cash	contribution:	neck	ontribution ID #	Amount of Contribution
31991113	Juck				y Order Credit/Debi		082	Contribution
Residential Street Address 3696 Thomas Point Rd		City Annapolis		State MD	Zip Code 21403		eceived 5/2009	
Principal Occupation University Administrator		Name of Employer George Washington Universit	ty		Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$375.00	\$375.00
Last Name Connolly	First Name Sean		MI M	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 00	ontribution ID#	Amount of Contribution
Residential Street Address 4074th Street SE		City Washington		State DC	Zip Code 20003		eceived 5/2009	
Principal Occupation Attorney		Name of Employer Greenberg Traurig, LLP			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (	Contributions \$300.00	\$300.00
Last Name Caplan	First Name Karen		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 00	ontribution ID #	Amount of Contribution
Residential Street Address 88 Long Hill Rd		City Wallingford		State CT	Zip Code 06492		eceived 5/2009	
Principal Occupation  Development Director		Name of Employer		•	Is this contribution associate fundraising event listed in the state of the state o		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$25.00	\$25.00
Last Name Appleton	First Name Tim		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 00	ontribution ID#	Amount of Contribution
Residential Street Address 161 Woodland Dr		City South Windsor		State CT	Zip Code 06074		eceived 6/2009	
Principal Occupation Aide		Name of Employer CGA		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (	Contributions \$35.00	\$35.00

		I. MONETARY	RECEIP	TS (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	al 10/13/2009
		B. Itemized Contrib	outions fr	om Individu	ıals			
Last Name Downes	First Name Stephen		MI	Cash	contribution:  X Personal C y Order Credit/Deb	heck 010	ibution ID #	Amount of Contribution
Residential Street Address 250 Patton Dr		City Cheshire	l	State CT	Zip Code 06410	Date Rece 09/28/2		
Principal Occupation Retail		Name of Employer CT Beverage Mart		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate Cor	s375.00	\$375.00
Last Name Sullivan	First Name Susan		MI	Cash	contribution:  X Personal C y Order Credit/Deb	heck 0134	ibution ID #	Amount of Contribution
Residential Street Address 206 McKinley Ave		City Norwich		State CT	Zip Code 06360	Date Rece 09/28/2		
Principal Occupation Realtor		Name of Employer Prudential		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate Cor	stributions \$200.00	\$200.00
Last Name Sullivan	First Name Robert		MI H	x Cash	contribution:  Personal C y Order Credit/Deb	heck 0120	ibution ID #	Amount of Contribution
Residential Street Address 206 McKinley Ave		City Norwich		State CT	Zip Code 06360	Date Rece 09/28/2		
Principal Occupation student		Name of Employer none		·	Is this contribution association fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name Kowalsky	First Name Joyce		MI A	Cash	contribution:  X Personal C y Order Credit/Deb	heck 009	ibution ID#	Amount of Contribution
Residential Street Address 9 Lyndale St		City Manchester		State CT	Zip Code 06040	Date Rece 09/28/2		
Principal Occupation Finance Coordinator		Name of Employer Environmental Services I	nc	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate Cor	stributions \$375.00	\$375.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F.	ILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						О	Origina	1 10/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals				
Last Name O'Brien	First Name Beverly		MI W	Cash	contribution:    X   Personal Cl y Order	heck (	Contribution II	D#	Amount of Contribution
Residential Street Address 17 Clark St		City Easthampton		State MA	Zip Code 01027		Received 28/2009		
Principal Occupation  Graphic Designer		Name of Employer Self employed			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name O'Brien	First Name Michael		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 17 Clark St		City Easthampton		State MA	Zip Code 01027		Received 28/2009		
Principal Occupation Funeral Director		Name of Employer O'Brien Funeral Home			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contribution \$219		\$160.00
Last Name Lachapelle	First Name Nicole		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck (	Contribution II	D#	Amount of Contribution
Residential Street Address 225 Main St		City Easthampton		State MA	Zip Code 01027		Received 28/2009		
Principal Occupation Director		Name of Employer  Center for School Crisis, Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Y		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution \$50		\$50.00
Last Name Clynch III	First Name Thomas		MI J	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 91 North Rd		City East Windsor		State CT	Zip Code 06088		Received 28/2009		
Principal Occupation Chief Paramedic		Name of Employer  East Windsor Ambulance		•	Is this contribution associa fundraising event listed in If yes, list Event #		X N	res No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contribution \$300		\$300.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						О	rigina	1 10/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals		•		
Last Name Bugbee	First Name Fran		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck (	Contribution IE	D#	Amount of Contribution
Residential Street Address 15 David Rd		City East Hartford		State CT	Zip Code 06118		e Received /28/2009		
Principal Occupation None		Name of Employer Retired		•	Is this contribution associal fundraising event listed in S 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	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate	te Contribution: \$375		\$375.00
Last Name Harrell	First Name Ronald		MI E	Cash	contribution:  X Personal Chy Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 357 St James Ave		City Springfield		State MA	Zip Code 01109		e Received /28/2009		
Principal Occupation Funeral Director		Name of Employer Harrell funeral home		•	Is this contribution associal fundraising event listed in 1 If yes, list Event # 092		X Ye		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution: \$200		\$200.00
Last Name Filmer	First Name Stephen		MI	Cash	contribution:    X   Personal Character   Credit/Debit	neck (	Contribution II	D#	Amount of Contribution
Residential Street Address 7 Black Thorn Dr		City New Fairfield		State CT	Zip Code 06812		e Received /28/2009		
Principal Occupation substitute teacher		Name of Employer New Fairfield School District			Is this contribution associate fundraising event listed in 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	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	te Contribution: \$100		\$100.00
Last Name Benettieri	First Name Hugo		MI T	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck (	Contribution II	D#	Amount of Contribution
Residential Street Address 32 Pamela Ct		City Broad Brook		State CT	Zip Code 06016		e Received 28/2009		
Principal Occupation Police Officer		Name of Employer Town of East Hartford		•	Is this contribution associal fundraising event listed in S If yes, list Event #		X No	es Io	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contribution:		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						(	Origina	nl 10/13/2009
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Sullivan	First Name David		MI	Cash	contribution:    X   Personal Cl		Contribution 1	ID#	Amount of Contribution
Residential Street Address 4 Taft Aveneu		City Easthampton		State MA	Zip Code 01027		te Received /28/2009		
Principal Occupation  Court Administrator		Name of Employer Commonwealth of Mass		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		· 口.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$150	ons 0.00	\$150.00
Last Name Adams III	First Name Robert		MI C	Cash	contribution:  X Personal Cl y Order Credit/Debi		Contribution I	ID#	Amount of Contribution
Residential Street Address 95 Holyoke St		City Easthampton		State MA	Zip Code 01027		te Received /28/2009		
Principal Occupation Pilot		Name of Employer Jimbob Aviation		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		· 口:		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name Welch	First Name James		MI T	Cash	contribution:  X Personal Cl y Order Credit/Debi		Contribution I	ID#	Amount of Contribution
Residential Street Address 270 Christopher Ter		City West Springfield		State MA	Zip Code 01089		te Received /28/2009		
Principal Occupation  Legislator		Name of Employer Commonwealth of Mass			Is this contribution associa fundraising event listed in If yes, list Event # 092				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name Prickett	First Name Thomas		MI J	Cash	contribution:  X Personal Cl  y Order Credit/Debi		Contribution 1	ID#	Amount of Contribution
Residential Street Address 17 Everett Streeet		City Easthampton		State MA	Zip Code 01027		te Received /28/2009		
Principal Occupation  Mechanic		Name of Employer Packaging Corp of America			Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1	· 口:		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00

		I. MONETARY RE	ECEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	nal 10/13/2009
		B. Itemized Contribut	tions fron	ı Individu	ıals			
Last Name Prickett	First Name Barbara		MI E	Cash	contribution:    X   Personal Cl	neck 010	ntribution ID #	Amount of Contribution
Residential Street Address 134 Chesterfield Rd		City Easthampton		State MA	Zip Code 01027	Date Red		
Principal Occupation  IT		Name of Employer UMASS			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	contributions \$50.00	\$50.00
Last Name Ulaszek	First Name Wendy		MI R	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 01:	ntribution ID#	Amount of Contribution
Residential Street Address 10 Wells Rd		City Ellington		State CT	Zip Code 06029	Date Rec 09/28/		
Principal Occupation Research		Name of Employer UCONN		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		X 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 lobbyis child of a lob es x	byist?	Aggregate Co	Contributions \$50.00	\$50.00
Last Name Dion	First Name Patricia		MI A	Cash	contribution:    X   Personal Cl	neck 01:	ntribution ID #	Amount of Contribution
Residential Street Address 9 E Green St		City Easthampton		State MA	Zip Code 01027	Date Red 09/28/		
Principal Occupation Food Service		Name of Employer Smith College		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	Contributions \$25.00	\$25.00
Last Name LeBeau	First Name June		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 01:	ntribution ID#	Amount of Contribution
Residential Street Address 6 Brittney Ln		City Southampton		State MA	Zip Code 01073	Date Rec 09/28/		
Principal Occupation  Dental Hygienist		Name of Employer Florence Dental Care		•	Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Co	Contributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	al 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Bell	First Name Elliott		MI	x Cash	contribution:  Personal Cl y Order  Credit/Debi	heck 011	ribution ID #	Amount of Contribution
Residential Street Address 55 Sutton Pl		City Bloomfield		State CT	Zip Code 06002	Date Rec		
Principal Occupation  Electrician		Name of Employer Taylor Electric		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$20.00	\$20.00
Last Name Mayfield	First Name Alberta		MI	X Cash	contribution:  Personal Cl y Order Credit/Debi	heck 011	ribution ID # 5	Amount of Contribution
Residential Street Address 97 Timberridge Rd		City Middletown		State CT	Zip Code	Date Reco		
Principal Occupation Head Teacher		Name of Employer Silva's		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$20.00	\$20.00
Last Name Polite	First Name Michael		MI	X Cash	contribution:  Personal Cl y Order Credit/Debi	heck 011	ribution ID#	Amount of Contribution
Residential Street Address 9 Mallard Dr		City Bloomfield		State CT	Zip Code 06002	Date Rec		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$20.00	\$20.00
Last Name Sargent	First Name Silver		MI	x Cash	contribution:  Personal Cl y Order Credit/Debi	heck 011	ribution ID #	Amount of Contribution
Residential Street Address 15 White Birch Cir		City Bloomfield		State CT	Zip Code 06002	Date Rec. 09/28/		
Principal Occupation  Music Teacher		Name of Employer Silva's Learning Center		•	Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$40.00	\$40.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						C	Origina	1 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•		
Last Name Goode	First Name Theresa		MI	x Cash	contribution: Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 12 Clark St		City East Hartford		State CT	Zip Code 06108		e Received /28/2009		
Principal Occupation		Name of Employer Self employed		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		1 1.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution \$20	ns 0.00	\$20.00
Last Name Cannon	First Name Andrew		MI	X Cash	contribution:  Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 93 Route 2-A		City Preston		State CT	Zip Code 06365		e Received /28/2009		
Principal Occupation Probation Officer		Name of Employer Mash Pequot Tribal Court		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution		\$100.00
Last Name Hussey	First Name Margaret		MI	X Cash	contribution:  Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 16 Adams Dr		City Norwich		State CT	Zip Code 06360		e Received /28/2009		
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 X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregat	te Contribution		\$100.00
Last Name Wilhelm, III	First Name Joseph		MI A	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 54 Prospect St		City Northampton		State MA	Zip Code 01060		e Received /28/2009		
Principal Occupation Attorney		Name of Employer Wilhelm, Shimel & King		•	Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1?	1 1.		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						(	Origina	1 10/13/2009
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Tautznik	First Name Michael		MI A	Cash	contribution:    X   Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 166 Hendrick St		City Easthampton		State MA	Zip Code 01027		e Received /28/2009		
Principal Occupation  Mayor		Name of Employer City of Easthampton		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		11.		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Sullivan	First Name William		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 19 Dragon Cir		City Easthampton		State MA	Zip Code 01027		e Received /28/2009		
Principal Occupation corrections officer		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 092		1 1.		
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 lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Ross, Jr.	First Name Ernest		MI J	Cash	contribution:    X   Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 39 Wellesley Rd		City Holyoke		State MA	Zip Code 01040		e Received /28/2009		
Principal Occupation Insurance Agent		Name of Employer Ross Insurance			Is this contribution associa fundraising event listed in If yes, list Event # 092		1 1.		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution \$100		\$100.00
Last Name Rockney, Jr.	First Name Charles		MI F	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 223 Hendrick St		City Easthampton		State MA	Zip Code 01027		e Received /28/2009		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1?	1 1 .		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origii	nal 10/13/2009
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Greenhalgh Manfredi	First Name Debra		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	eck 01:	ntribution ID #	Amount of Contribution
Residential Street Address 30 Wait St		City Springfield		State MA	Zip Code 01104	Date Re-		
Principal Occupation Customer Service		Name of Employer Commonwealth of Mass		•	Is this contribution associate fundraising event listed in Strage If yes, list Event # 092		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	contributions \$100.00	\$100.00
Last Name Marshall	First Name Tracy		MI	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	eck 01:	ntribution ID #	Amount of Contribution
Residential Street Address 114 Rockledge Rd		City South Windsor		State CT	Zip Code 06074	Date Re-		
Principal Occupation  Analyst		Name of Employer Travelers		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Fiorita	First Name John		MI F	Cash	contribution:    X   Personal Character   Credit/Debi	eck 01:	atribution ID #	Amount of Contribution
Residential Street Address 2273 Ellington Rd		City South Windsor		State CT	Zip Code 06074	Date Re-		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	contributions \$350.00	\$350.00
Last Name Dzen	First Name Michael		MI	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	eck 01:	ntribution ID #	Amount of Contribution
Residential Street Address 37 S Main St		City East Windsor		State CT	Zip Code 06088	Date Re-		
Principal Occupation Retired		Name of Employer Self Employed		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$375.00	\$375.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						(	Origina	1 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Mouta	Carlos			Cash Money	y Order X Personal Ch Credit/Debi		0136		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
96 Barrington Way		Glastonbury		СТ	06033	09,	/28/2009		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S			Yes	
Real Estate Investor		Westside Property Managem	ent		If yes, list Event #	section J1	x 1	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$375	5.00	\$375.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Guard	Linda		F	Cash Money	y Order		0137		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
94 Indian Field Rd		Hebron		СТ	06248	09,	/28/2009		
Principal Occupation		Name of Employer Pro-Park			Is this contribution associate fundraising event listed in St. If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of	or prospective	Yes X No	1	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00
government the contract is with:		Executive Legislative	Y	res x	No				
Last Name	First Name		MI		contribution:		Contribution I	ID#	Amount of
Polite	Sandra			Cash Money	y Order Personal Ch Credit/Debi		0138		Contribution
Residential Street Address		City		State	Zip Code		te Received		
51 Sutton Plact		Bloomfield		СТ	06002	09,	/28/2009		
Principal Occupation		Name of Employer Silva's			Is this contribution associated fundraising event listed in State of State		1 1 .		
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 <sup>-</sup>	child of a lob	*		\$25	5.00	\$25.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Cruz	Rosa			Cash Money	y Order X Personal Ch Credit/Debi		0142		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
20 Frankie Ln		Terryville		СТ	06786	09,	/28/2009		
Principal Occupation		Name of Employer Retired		-	Is this contribution associat fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution	ons 0.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Lebeau, Rebuilding Connecticu	t						C	Origina	1 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•		
Last Name LeBeau	First Name Lisa		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 17 Evertt St		City Easthampton		State MA	Zip Code 01027		e Received /28/2009		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in Surface If yes, list Event # 092		1 1		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$240	1	\$100.00
Last Name Carey	First Name Michael		MI J	Cash	contribution:  X Personal Characteristics  y Order Credit/Debi	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 11 Groveland St		City Easthampton		State MA	Zip Code 01027		e Received /28/2009		
Principal Occupation Attorney		Name of Employer Self employed		•	Is this contribution associal fundraising event listed in S If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution	1	\$100.00
Last Name LeBeau	First Name Malvina		MI	Cash	contribution:    X   Personal Character   Credit/Debit	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 23 Clark St		City Easthampton		State MA	Zip Code 01027		e Received /28/2009		
Principal Occupation		Name of Employer		•	Is this contribution associal fundraising event listed in 1 If yes, list Event # 092		1 1	1	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggrega	ate Contribution \$100	1	\$100.00
Last Name Brazalovich	First Name Kathleen		MI M	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 45 Torpey Dr		City East Hartford		State CT	Zip Code 06108		e Received /28/2009		
Principal Occupation Attorney		Name of Employer State of CT			Is this contribution associal fundraising event listed in S If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution \$200	1	\$200.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Lebeau, Rebuilding Connecticu	t						Or	iginal 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Brazalovich	First Name Richard		MI	Cash	contribution:    X   Personal Cl y Order	heck 0	Contribution ID	# Amount of Contribution
Residential Street Address 45 Torpey Dr		City East Hartford		State CT	Zip Code 06108		Received 28/2009	
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$175.0	\$175.00
Last Name Motoc	First Name Alex		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution ID	# Amount of Contribution
Residential Street Address 54-10 Trafford St		City Meriden		State CT	Zip Code 06450		Received 28/2009	
Principal Occupation  Law clerk		Name of Employer Azialli, Pickett & Allen, PC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$375.0	\$375.00
Last Name Gutterman	First Name Peter		MI	Cash	contribution:    X   Personal Cl	heck 0	Contribution ID	# Amount of Contribution
Residential Street Address 20 Ethan Dr		City Windsor		State CT	Zip Code 06095		Received 28/2009	
Principal Occupation  Real Estate Broker		Name of Employer Sentry Real Estate SErvices	, Inc		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$250.0	\$250.00
Last Name Marshall	First Name Mike		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck	Contribution ID	# Amount of Contribution
Residential Street Address 114 Rockledge Dr		City South Windsor		State CT	Zip Code 06074		Received 28/2009	
Principal Occupation  Real Estate		Name of Employer Aetna		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	\$100.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	al 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		_	
Last Name Favreau	First Name Janice		MI	Cash	contribution:	neck 0148	ibution ID#	Amount of Contribution
Residential Street Address 25-2 Arthur Dr		City South Windsor		State CT	y Order Credit/Debi	Date Rece		
Principal Occupation  Legal/Insurance analyst		Name of Employer Lego Systems		1	Is this contribution associal fundraising event listed in If yes, list Event #	ted with a	Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob Tes	byist?	Aggregate Con	stributions \$100.00	\$100.00
Last Name Bowsza	First Name Jason		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0139	ibution ID #	Amount of Contribution
Residential Street Address 34 Rye St		City Broad Brook		State CT	Zip Code 06016	Date Rece 09/28/2		
Principal Occupation  Legislative clerk		Name of Employer State of CT		•	Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	stributions \$40.00	\$40.00
Last Name Caron	First Name David		MI A	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 009	ibution ID #	Amount of Contribution
Residential Street Address 312 Deming St		City South Windsor		State CT	Zip Code 06074	Date Rece 09/28/2		
Principal Occupation  Developer		Name of Employer Self employed			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Cor	\$375.00	\$375.00
Last Name Caron	First Name Kimberly		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0098	ibution ID#	Amount of Contribution
Residential Street Address 312 Deming St		City South Windsor		State CT	Zip Code 06074	Date Rece 09/28/2		
Principal Occupation Homemaker		Name of Employer None		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$375.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Lebeau, Rebuilding Connecticu	t								Origin	al 10/13/2009
		B. Itemized Con	tributions	from 1	Individu	als				
Last Name Drumm	First Name George		MI B	Ī	Method of c	X Personal C		Contribution 0133	on ID#	Amount of Contribution
Residential Street Address 1225 Ashbourne Cir		City Trinity			State FL	Zip Code 34655		ate Received 9/28/2009	e	
Principal Occupation retired		Name of Employer Retired		•		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:	or prospective	Yes X  Executive Legislative	dep		or a lobbyist hild of a lobl	byist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Mitchell	First Name John		MI J	Į.	Method of c	X Personal C		Contribution 0145	on ID#	Amount of Contribution
Residential Street Address 40 Windy Hill Dr		City South Windsor			State CT	Zip Code 06074		ate Received 9/28/2009	Ð	
Principal Occupation Retail Fuel Oil		Name of Employer Micthell Fuel Co		•		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:	or prospective	Yes X  Executive Legislative	dep		or a lobbyist hild of a lobb	byist?	Aggre	gate Contribu \$2	itions 200.00	\$200.00
Last Name Kehoe	First Name Jeanne		MI	Ī	Method of o	X Personal C		Contribution 0135	on ID#	Amount of Contribution
Residential Street Address 271 Timber Trl		City East Hartford			State CT	Zip Code 06118		ate Received 9/28/2009	9	
Principal Occupation Financial Analyst		Name of Employer Sunlife Financial		·		Is this contribution associa fundraising event listed in If yes, list Event #		12	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  Executive Legislative	dep		or a lobbyist hild of a lobl	byist?	Aggre	gate Contribu \$2	200.00	\$200.00
Last Name Stevenson	First Name Craig		МІ	Ī	Method of c Cash Money	contribution:    X   Personal C		Contribution 0129	on ID#	Amount of Contribution
Residential Street Address 52 Milwood Rd		City East Hartford			State CT	Zip Code 06118		ate Received 9/28/2009		
Principal Occupation Economic Developer		Name of Employer Self employed				Is this contribution association fundraising event listed in If yes, list Event # 092	Section J	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  Executive Legislative	dep		or a lobbyist hild of a lobb	byist?	Aggre	gate Contribu \$1	ttions 150.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILIN	G DUE DATE
Lebeau, Rebuilding Connecticu	t						Origin	al 10/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Diedrick	First Name Arthur		MI	Cash	contribution:		ribution ID #	Amount of Contribution
Residential Street Address PO Box 37		City Litchfield		State CT	y Order Credit/Debi	Date Rec 09/28/		
Principal Occupation Investor		Name of Employer Self employed		Ci	Is this contribution associa fundraising event listed in If yes, list Event #	ted with a	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Co	shtributions \$375.00	\$375.00
Last Name Meggie	First Name Mary		MI A	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 014	ribution ID #	Amount of Contribution
Residential Street Address E12 Saint Marc Cir		City South Windsor		State CT	Zip Code 06074	Date Rec 09/28/		
Principal Occupation Teacher		Name of Employer East Hartford BOE		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$50.00	\$50.00
Last Name Barrett	First Name Thomas		MI P	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 010	ribution ID#	Amount of Contribution
Residential Street Address 806 Sandstone Dr		City South Windsor		State CT	Zip Code 06074	Date Rec 09/28/		
Principal Occupation  Mediator/Arbitor		Name of Employer Self employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	shtributions \$375.00	\$375.00
Last Name LeBeau	First Name Kara		MI D	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 014	ribution ID #	Amount of Contribution
Residential Street Address 4 Gorman Pl		City East Hartford		State CT	Zip Code 06108	Date Rec 09/28/		
Principal Occupation Teacher		Name of Employer CREC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$250.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Lebeau, Rebuilding Connecticu	t								Origina	al 10/13/2009
		B. Itemi	zed Contributio	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Cantor	Yale				Cash Money	y Order X Personal C		0163		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
20 Charter Rd		Ellington			СТ	06029	0	9/30/2009	9	
Principal Occupation		Name of Employ Retired	yer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	utions \$25.00	\$25.00
Last Name Heller	First Name David			MI G	Cash	contribution:    X   Personal C		Contribution 0157	on ID#	Amount of Contribution
Residential Street Address 3 Elliott Dr		City Simsbury		•	State CT	Zip Code 06070		ate Received		
Principal Occupation President		Name of Employ Allan S Good				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	utions 300.00	\$300.00
Last Name Duarte	First Name Elizabeth			MI	Cash	contribution:  X Personal C y Order Credit/De		Contribution 0167	on ID#	Amount of Contribution
Residential Street Address 54 Cottage St		City Groton			State CT	Zip Code 06340		ate Received		
Principal Occupation		Name of Employ	yer		1	Is this contribution associ fundraising event listed in If yes, list Event #	ated with	a [		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	ations \$50.00	\$50.00
Last Name Byrnes	First Name Margaret			MI A	Cash	contribution:  X Personal C y Order Credit/De		Contribution 0153	on ID#	Amount of Contribution
Residential Street Address 57 Garvan St		City East Hartford	i		State CT	Zip Code 06108		ate Received		
Principal Occupation Registrar of voters		Name of Employ Town of Eas				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

	I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE	
Lebeau, Rebuilding Connecticu	ıt						Origin	al 10/13/2009	
		B. Itemized Contributi	ions from	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of	
LeBeau	Gary		D	Cash Money	y Order	0168		Contribution	
Residential Street Address		City		State	Zip Code	Date Receive	d		
4 Gorman Pl		East Hartford		СТ	06108	09/30/200	)9	1	
Principal Occupation Retired/Legislator		Name of Employer Retired/St of CT			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		utor a lobbyis child of a lob res	byist?	Aggregate Contril	outions 375.00	\$375.00	
Last Name LeBeau	First Name Joanne		MI	Cash	contribution:    X   Personal C	0151	ion ID#	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Date Receive	d		
4 Gorman Pl		East Hartford		СТ	06108	09/30/200	)9	_	
Principal Occupation Teacher		Name of Employer East Hartford BOE			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Contrit	outions 375.00	\$275.00	
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of	
Gately	Patricia		W	Cash Money	Y Order Personal C Credit/Deb	0164		Contribution	
Residential Street Address		City		State	Zip Code	Date Receive			
1422 Main St		East Hartford		СТ	06108	09/30/200		1	
Principal Occupation Real Estate Broker		Name of Employer Mariner Realty. LLC			Is this contribution association fundraising event listed in If yes, list Event #	Section J17	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob 'es	byist?	Aggregate Contrib	sutions \$25.00	\$25.00	
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of	
Fish	Dorothy		С	Cash Money	y Order Rersonal C Credit/Deb	0166		Contribution	
Residential Street Address		City		State	Zip Code	Date Receive			
135 Appletree Dr		East Hartford		СТ	06118	09/30/200	)9	1	
Principal Occupation		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No  Executive Legislative		utor a lobbyis child of a lob res	byist?	Aggregate Contril	outions 5100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILIN	IG DUE DATE
Lebeau, Rebuilding Connecticu	t						Origi	nal 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Agnelli	First Name Lori		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 92 Langford Ln		City East Hartford		State CT	Zip Code 06118	Date Re 09/30	eceived 0/2009	
Principal Occupation Jeweler		Name of Employer Anderson Jewelers			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate (	Contributions \$350.00	\$350.00
Last Name Agnelli, Jr.	First Name George		MI W	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 92 Langford Ln		City East Hartford		State CT	Zip Code 06118	Date Re 09/30	eceived 0/2009	
Principal Occupation  Jeweler		Name of Employer Anderson Jewelers			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (	Contributions \$350.00	\$350.00
Last Name McGurk	First Name William		MI J	Method of Cash Money	contribution:  Personal Cl y Order Credit/Debi	neck 01	ntribution ID #	Amount of Contribution
Residential Street Address 21 Stillmeadow Ln		City Somers		State CT	Zip Code 06071	Date Re 09/30	eceived 0/2009	
Principal Occupation President & CEO		Name of Employer Rockville Bank			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (	Contributions \$150.00	\$150.00
Last Name DeMallie	First Name Peter		MI L	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 01	ntribution ID#	Amount of Contribution
Residential Street Address 1153 Ellington Rd		City South Windsor		State CT	Zip Code 06074	Date Re 09/30	eceived 0/2009	
Principal Occupation Underwriter		Name of Employer Travelers Insurance Co		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FIL	ING DUE DATE
Lebeau, Rebuilding Connecticu	t						Ori	ginal 10/13/2009
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Barber	First Name Justin		MI K	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 76 Abbe Rd		City East Windsor		State CT	Zip Code 06088		Received 80/2009	
Principal Occupation Accounts Payable Manager		Name of Employer Environmental Services Inc		•	Is this contribution associate fundraising event listed in State If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$375.0	90 \$375.00
Last Name Maneeley	First Name Neal		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 1270 Tolland Stage Rd		City Tolland		State CT	Zip Code 06084		Received 80/2009	
Principal Occupation Vice President		Name of Employer Maneeley's			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$375.0	9 \$375.00
Last Name Karl	First Name Donna		MI	Cash	contribution:    X   Personal Character   Credit/Debit	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 243 Feldspar Rdg		City Glastonbury		State CT	Zip Code 06033		Received 80/2009	
Principal Occupation  Mom		Name of Employer NA			Is this contribution associate fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$375.0	0 \$375.00
Last Name Karl	First Name Peter		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 243 Feldspar Rdg		City Glastonbury		State CT	Zip Code 06033		Received 80/2009	
Principal Occupation CEO		Name of Employer ECHN			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$375.0	\$375.00

	I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE								FILING	DUE DATE
Lebeau, Rebuilding Connecticu	t							Origina	1 10/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Lindsey	First Name Stephen		MI	Cash	contribution:  X Personal Contribution:  A Credit/Deb		Contribution 0160	ı ID#	Amount of Contribution
Residential Street Address 136 Lakewood Rd		City South Glastonbury		State CT	Zip Code 06073		ate Received 9/30/2009		
Principal Occupation  Executive		Name of Employer General Electric		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contributi	ions 75.00	\$375.00
Last Name Little-Rabb	First Name Moniqua		MI	X Cash	contribution: Personal C		Contribution 0161	ı ID#	Amount of Contribution
Residential Street Address 50 Scotland Rd # 2-E		City East Hartford		State CT	Zip Code 06108		ate Received 9/30/2009		
Principal Occupation  Admissions Director  Name of Employer  Silva's Youth of Today  Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event # 09272009C  No									
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$1	ions 10.00	\$10.00
Last Name Prickett	First Name John		MI R	Cash	contribution:    X   Personal C		Contribution 0162	ı ID#	Amount of Contribution
Residential Street Address 18 School St		City Easthampton		State MA	Zip Code 01027		ate Received 9/30/2009		
Principal Occupation  Driver		Name of Employer Beam Brothers Tracking		-	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contributi	ions 00.00	\$100.00
Last Name Tandoh	First Name Kwabena		MI	Cash	contribution: Personal Contribution:  VOrder X Credit/Deb		Contribution 0165	ı ID#	Amount of Contribution
Residential Street Address 819 Thatcher Ave		City Ferguson		State MO	Zip Code 63135		ate Received 9/30/2009		
Principal Occupation Professor  Name of Employer Saint Louis community College  Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #  Name of Employer Is this contribution associated with a fundraising event listed in Section J1?  X No									
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contributi	ions 00.00	\$100.00
	Total of Section B \$28,945.00								
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Section	ons A & B	(Total on Line 14	of Sumn	nary Page)		\$28,945.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Lebeau, Rebuilding Connecticut							Original	10/13/2009	
C1. Contributions from Other Committees									
Name of Committee					Name of Treasurer				
Address			Is this contribution a fundraising event			Yes If yes, list Event	#	Amount of Contribution	
City	State	Zip	Code	Date R	eceived	Aggregate Contributions			
Total of Section C1									

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE				FILIN	NG DUE DATE			
Lebeau, Rebuilding Connecticut				Origi	nal 10/13/2009			
C2. Reimbursements or Payments from other Committees								
Name of Committee			Name of Treasurer					
Address			Date Received		Amount of Receipt			
City	State	Zip Code	Reimbursement for shared expense					
			Payment for goods and services					
Total of Section C2								

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

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					FILING DUE DATE				
Lebeau, Rebuilding Conne	cticut				Original 10/13/2009				
E. Personal Funds of the Candidate Received this Period									
Date Received	Amount	Method of Payment	Cash	Personal Check	Credit/Debit Card				
Total of Section E									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	FILING DUE DATE									
Lebeau, Rebuilding C	Original 10/13/2009									
	F. Anonymous Contributions									
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount					

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE		FILING DUE DATE								
Lebeau, Rebuilding Connecticut	Origi	nal 10/13/2009								
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Received		Total Amount Received						
Street Address	City		State	Zip Code		•				
Total of Section G										

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE			FILING DUE DATE							
Lebeau, Rebuilding Connecticut		Original 10/13/2009								
H. Public Grant Fu										
Purpose of Grant:  Initial  Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount							
Supplemental/Post Election Deficit  General or Special Election										
		Total of Section	Н							

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE	FILI	NG DUE DATE							
Lebeau, Rebuilding Connecticut	Origi	inal 10/13/2009							
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name Date of Transaction					Amount Received				
Street Address	City	State	Zip Code						
Description									
Total of Section I									

	II. FUNDRAISING	G EVENT ACTIVITY						
NAME OF						FILING I	DUE	DATE
COMMITTEE Lebeau, Rebuilding	Connecticut					Original 1	10/13	/2009
	J1. Fundra	nising Event Information						
Fundraising Event #	Description	Location: Street Address		City			State	Zip Code
Date of Fundraiser Letter 09/26/2009 A	Home Fundraiser	17 Clark St		Eastha	ampton		MA	01027
Was this fundraising event he	osted at a personal residence?		X 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		X No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes		X No			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
09/26/2009 B	Home Fundraiser	17 Evert St		Eastha	ampton		МА	01027
Was this fundraising event he	osted at a personal residence?		X 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		x No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	1	X No			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
09/27/2009 C	Meet and Greet Event	656 Silver Ln		East H	lartford		СТ	06118
Was this fundraising event he	osted at a personal residence?		Yes		X No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		X No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes		X No			

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

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FILING	G DUE DATE	
Lebeau, Rebuilding Connecticut							Origin	al 10/13/2009	
J3. In-K	ind Donations Not Considered Contribu	itions							
Name of the Donor  Donation Given by:  Individual Busin						ess Entity	Fair Market Value of Donation		
Street Address	City		State			Aggregate value for this even			
Description of Donation		Date	Date Received		Event #				
						Total of Se	ction J3		

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE				FILING I	DUE DATE					
Lebeau, Rebuilding Connecticut				Original	10/13/2009					
K. In-Kind Contributions										
Name LeBeau Lisa	Date Receive		Fair Market Value of this Contribution							
	State Zip Code									
Type of Contributor:  Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is Contributor a principal of a state contractor or prospective state contractor?  If yes contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative										
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event# 09262009B  Description of In-Kind Contribution  No			Aggregate contri	butions \$140.88	\$140.88					
Name O'Brien Michael			Date Receive		Fair Market Value of this Contribution					
		Zip Code 01027								
Type of Contributor:  Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  Is contributor a principal of a state contractor or prospective state contractor?  No If yes, indicate which branch or branches of government the contract is with:  Executive Legislative										
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event# 09262009A  Description of In-Kind Contribution Refreshments			Aggregate contri	butions \$59.78	\$59.78					
			Total of	Section K	\$200.66					

III. Non Monetary Receipts										
NAME OF COMMITTEE							FILING DUE DATE			
Lebeau, Rebuilding Connecticut	Original 10/13/2009									
L. Refund	able Deposit to	Telephone Company								
Last Name ( Individuals Only )	First Name	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	F	FILING DUE DATE								
Lebeau, Rebuilding Connecticut	О	riginal 10/13/2009								
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee										
Name of Committee		Name of Treasurer								
Street Address		Date No	otice Received	d	Fair Market Value of Donation					
City	State	Zip Code		Aggregate Donations						
Description of Donation		Purpose of Expenditure  A B C E				Е				
Total of Section M										

IV. EXPENDITURES									
NAME OF COMMITTEE						FILI	NG DUE DATE		
Lebeau, Rebuilding Connecticut						Origi	nal 10/13/2009		
	N. Expenses Paid By Commi	ittee							
Name of Payee Goodwin College Street Address 1 Riverside Dr Description facility use	City East Hartford	State CT	Zip Code 06118	Date of Payment 08/02/2009  Purpose of Expenditure Misc *	Method of Pays  X Check #  501 Debit Car  Event #		Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$75.00		
Name of Payee				Date of Payment	Method of Pay	ment	Amount		
John Pelkey				08/29/2009	X Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>504</u>				
81 Norman Dr	South Windsor	СТ	06074	RCW	Debit Car	<sup>r</sup> d			
Description reimbursement		•	•		Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$18.80		
Name of Payee Tim Appleton			_	Date of Payment 08/29/2009	Method of Paye	ment	Amount		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>503</u>				
161 Woodland Dr	South Windsor	СТ	06074	WEB	Debit Car	ď			
Description reimbursement					Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  X	r Other Candidate(s) N	Name		Office Sought			\$80.00		

IV. EXPENDITURES									
NAME OF COMMITTEE						FILI	NG DUE DATE		
Lebeau, Rebuilding Connecticut						Origi	nal 10/13/2009		
	N. Expenses Paid By Commi	ttee							
Name of Payee				Date of Payment 09/12/2009	Method of Payı	nent	Amount		
Custom Printing		l			X Check # 506				
Street Address	City	State CT	Zip Code 06108	Purpose of Expenditure PRNT	Debit Car	d			
1330 Main St  Description	East Hartford	Ci	00100	FIXIVI	Event #				
printing expenses					Zvene "				
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?									
Yes X No							\$890.61		
Name of Payee				Date of Payment	Method of Payı	nent	Amount		
Matthew LeBeau				09/12/2009	X Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>505</u>				
4 Gorman Pl	East Hartford	СТ	06108	RCW	Debit Car	d			
Description postage & miscellanous expenses					Event #				
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l				
Yes X No							\$417.47		
Name of Payee				Date of Payment	Method of Payı	nent	Amount		
Custom Printing				09/23/2009	X Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>507</u>				
1330 Main St	East Hartford	СТ	06108	PRNT	Debit Car	d			
Description printing					Event #				
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$218.74		

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lebeau, Rebuilding Connecticut						Origi	nal 10/13/2009
	N. Expenses Paid By Commi	ittee					
Name of Payee  Michael Tautznik  Street Address	City	State	Zip Code	Date of Payment 09/30/2009 Purpose of Expenditure	Method of Payer  X Check #  511	ment	Amount
166 Hendrick St	Easthampton	MA	01027	REF	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	Name		Office Sought			\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Carey				09/30/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	512		
11 Groveland St	Easthampton	MA	01027	REF	Debit Car	d d	
Description			1	-1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joanne LeBeau	Т	_	_	09/30/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	508		
4 Gorman Pl	East Hartford	СТ	06108	RCW	Debit Car	rd	
Description reimbursement					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	Name		Office Sought			\$948.63
X No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Lebeau, Rebuilding Connecticut						Origi	nal 10/13/2009
	N. Expenses Paid By Commi	ttee				•	
Name of Payee  Matthew LeBeau				Date of Payment 09/30/2009	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>509</u>		
4 Gorman Pl	East Hartford	СТ	06108	FNDR	Debit Car	rd	
Description reimbursement					Event # 092720090	2	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$236.72
X No				T	1		Ψ230.72
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Tia Woods				09/30/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>510</u>		
4 Simmons Rd	East Hartford	СТ	06118	FNDR	Debit Car	rd	
Description reimbursement		•		•	Event # 092720090		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$81.59
NO NO					1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Complete Campaigns.com	Г		_	09/30/2009	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3635 Ruffin Rd	San Diego	CA	92123	WEB	X Debit Car	rd	
Description donations through the Internet %					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Jame		Office Sought			
X No							\$165.38
					Total of Se	ction N	\$3,332.94

	IV.	EXPENDITURES								
NAME OF COMMITTE	EE						FILING	DUE DATE		
Lebeau, Rebuilding C	onnecticut						Original 10/13/2009			
O. Campaign Expenses Paid By Candidate										
Name of Payee				Date of Payme		Is Reimbur Claimed?	rsement	Amount		
Street Address		City	State	Zip Code		Zip Code		Ye No		
Purpose of Expenditure	Description				Event #					
Total of Section O										

NAME OF COMMITTEE	NAME OF COMMITTEE							
Lebeau, Rebuilding Connecticut						Or	Original 10/13/2009	
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Type of Credit Card:								
			Visa	Master Card	Discover	Amer	rican	
Other								
Name of Vendor					Date of Transaction		Amount	
Street Address		City	State	Zip Code				
Purpose of Expenditure	Description		Į.		Event #			
Total of Section P						n P		

IV. EXPENDITURES								
NAME OF COMMITTEE				FILING DU	E DATE			
Lebeau, Rebuilding Connecticut				Original 10	/13/2009			
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Tim Appleton		Date Incurred 09/30/2009	Event #		Amount Incurred (Estimate or			
Street Address 161 Woodland Dr	City South Windsor		State CT	Zip Code 06074	Actual)			
Purpose of Expenditure  WEB								
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  X No	ndidate(s) Name	Office Sought			\$59.97			
Name of Creditor Custom Printing		Date Incurred 09/30/2009	Event #		Amount Incurred (Estimate or			
Street Address 1330 Main St	City East Hartford		State CT	Zip Code 06108	Actual)			
Purpose of Expenditure  OFFICE								
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  X No	ndidate(s) Name	Office Sought			\$24.77			

IV. EXPENDITURES						
NAME OF CO	MMITTEE				FILIN	G DUE DATE
Lebeau, Rebuilding Connecticut Original 10/13						
	Q. Expenses Incurred By Com	mittee but Not Paid Duri	ng this Period			
Name of Creditor Gerard Depot			Date Incurred Event # 09/30/2009			Amount Incurred (Estimate or
Street Address 650 New Londo	on Tpke	City Norwich		State CT	Zip Code 06360	Actual)
Purpose of Expenditure REF	Description refund					
Is this expenditure of which reimbursemed Yes No	coordinated with another candidate for Other Candida nt is sought?	te(s) Name	Office Sought			\$100.00
				Total of	Section Q	\$184.74

IV. E	XPENDITURES						
NAME OF COMMITTEE FILI						TILING DUE DATE	
Lebeau. Rebuilding Connecticut					Origin	nal 10/13/2009	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of Pa	yment	Method of Paym Check #	ent	Amount	
Secondary Payee	e		f Expenditure	Debit Card			
Street Address	City	State		Zip Code			
Description				Event #			
						•	
which reimbursement is sought?	date(s) Name	Office	Sought				
Yes No							
				Total of Se	ection R		

IV. EXPF	ENDITURES				
NAME OF COMMITTEE				FII	LING DUE DATE
Lebeau, Rebuilding Connecticut	Ori	iginal 10/13/2009			
S. Surplus Distril	bution of Equipment and Furniture				
Name of Recipient					Original Purchase Amount of Item
Street Address	City	State	Zip Code		
Description					
			Total of Section	on S	