

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 58

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Dean 2010				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	Nathaniel	S	Schindler		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
23 Taquoshe Pl		Fairfield	CT	06825	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
11/02/2010		Attorney General			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	Martha	A.	Dean		
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
04/01/2010		thru		06/30/2010	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Nathaniel Schindler		07/12/2010	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

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Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Dean 2010	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$4,235.35	
14. Contributions received from Individuals (Section A and B)	\$21,437.00	\$25,437.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$0.00	\$500.00
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)	\$21,437.00	\$25,937.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$25,672.35	\$25,937.00
20. Expenses Paid by Committee (Section N)	\$11,838.72	\$12,103.37
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$13,833.63	\$13,833.63
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$1,040.00	\$1,040.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$4,362.00	\$6,181.00
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)	\$593.60	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$593.60	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$2,212.00

B. Itemized Contributions from Individuals

Last Name Byrnes	First Name Gregory	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0007	Amount of Contribution
Residential Street Address 33 Division St	City Greenwich	State CT	Zip Code 06830	Date Received 04/08/2010	
Principal Occupation Sales/Fundraising	Name of Employer Woodlawn Foundation, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Vargas	First Name Clark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0052	Amount of Contribution
Residential Street Address 4524 Julington Crk	City Jacksonville	State FL	Zip Code 32258	Date Received 04/08/2010	
Principal Occupation Engineer	Name of Employer C. Vargas & Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$400.00	\$400.00
Last Name King	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0054	Amount of Contribution
Residential Street Address PO Box 57	City Farmington	State CT	Zip Code 06034	Date Received 04/12/2010	
Principal Occupation Systems	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Hopper	First Name Reed	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0055	Amount of Contribution
Residential Street Address 1232 Noel Greene Dr	City Oak Harbor	State WA	Zip Code 98277	Date Received 04/13/2010	
Principal Occupation Attorney	Name of Employer Pacific Legal Foundation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Wohlert	First Name E. Ross	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0056	Amount of Contribution
Residential Street Address 139 Coram Ln	City Orange	State CT	Zip Code 06477	Date Received 04/15/2010	
Principal Occupation Director - Medical Informatics	Name of Employer Health Net	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Bernier	First Name Normand	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0006	Amount of Contribution
Residential Street Address 19 S Ridge Rd	City Farmington	State CT	Zip Code 06032	Date Received 04/15/2010	
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Markle	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0057	Amount of Contribution
Residential Street Address 2655 Prosperity Ave	City Fairfax	State VA	Zip Code 22031	Date Received 04/18/2010	
Principal Occupation Attorney	Name of Employer U.S. Department of Justice	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Scoville	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0061	Amount of Contribution
Residential Street Address 3012 49th St	City Astoria	State NY	Zip Code 11103	Date Received 04/21/2010	
Principal Occupation Lawyer	Name of Employer Milberg LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Reynolds	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0063	Amount of Contribution
Residential Street Address PO Box 586	City Lakeville	State CT	Zip Code 06039	Date Received 04/28/2010	
Principal Occupation Real estate Partner/Manager	Name of Employer Riverdale Realty	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Crihfield	First Name Ashley	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0064	Amount of Contribution
Residential Street Address 6 Ledge Rd	City Old Greenwich	State CT	Zip Code 06870	Date Received 04/28/2010	
Principal Occupation Community Volunteer	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Petri	First Name Allen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0026	Amount of Contribution
Residential Street Address 432 Hamburg Rd	City Lyme	State CT	Zip Code 06371	Date Received 04/28/2010	
Principal Occupation Electronic Tech	Name of Employer Pratt & Whitney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Becket	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0065	Amount of Contribution
Residential Street Address 83 Sharon Rd	City Lakeville	State CT	Zip Code 06039	Date Received 04/29/2010	
Principal Occupation Business Appraiser	Name of Employer Becket Business Appraisals	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Simmons	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0001	Amount of Contribution
Residential Street Address 268 N Main St	City Stonington	State CT	Zip Code 06378-0268	Date Received 05/10/2010	
Principal Occupation Public Servant	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Galazan	First Name Antony	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0067	Amount of Contribution
Residential Street Address 125 Vermillion Dr	City Avon	State CT	Zip Code 06001	Date Received 05/11/2010	
Principal Occupation President	Name of Employer Connecticut Shotgun Mfg Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$400.00	\$400.00
Last Name Couch	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0011	Amount of Contribution
Residential Street Address 29 Lyme Rd	City Hanover	State NH	Zip Code	Date Received 05/17/2010	
Principal Occupation Engineer	Name of Employer Hypotherm	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Holmes	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0017	Amount of Contribution
Residential Street Address 17 Teresa Rd	City Manchester	State CT	Zip Code 06040	Date Received 05/18/2010	
Principal Occupation Secretary	Name of Employer CREC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Santangelo	First Name Mike	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0068	Amount of Contribution
Residential Street Address 220 Straitsville Rd	City Prospect	State CT	Zip Code 06712	Date Received 05/18/2010	
Principal Occupation Carpenter	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Brown	First Name Peter	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0010	Amount of Contribution
Residential Street Address 93 Baileyville Rd	City Middlefield	State CT	Zip Code 06455	Date Received 05/19/2010	
Principal Occupation Electronics	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Chu	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0075	Amount of Contribution
Residential Street Address 15-20 Forest Glen Cir	City Middletown	State CT	Zip Code 06457	Date Received 05/23/2010	
Principal Occupation Trade Association Manager	Name of Employer ICPA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lenk	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0077	Amount of Contribution
Residential Street Address 52 Glenbrook Rd	City West Hartford	State CT	Zip Code 06107	Date Received 05/25/2010	
Principal Occupation Gunsmith	Name of Employer Newington Gun Exchange	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Knapp	First Name T William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0078	Amount of Contribution
Residential Street Address 171 Collier Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 05/25/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name May	First Name Susan	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0106	Amount of Contribution
Residential Street Address 15 Avondale Dr	City Avon	State CT	Zip Code 06001	Date Received 05/25/2010	
Principal Occupation Dentist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Rahardjo	First Name Buddy	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0013	Amount of Contribution
Residential Street Address 34 Meadow Rdg	City Avon	State CT	Zip Code 06001	Date Received 05/25/2010	
Principal Occupation	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dean	First Name Nancy	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0016	Amount of Contribution
Residential Street Address 5 Penny Ln	City Norwich	State VT	Zip Code 05055	Date Received 05/26/2010	
Principal Occupation Artist	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Coleman	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0020	Amount of Contribution
Residential Street Address 8 Cold Spring Dr	City New Fairfield	State CT	Zip Code 06812	Date Received 05/26/2010	
Principal Occupation Systems Analyst	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Ciccaglione	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0079	Amount of Contribution
Residential Street Address 21 Portage Xing	City Farmington	State CT	Zip Code 06032	Date Received 05/30/2010	
Principal Occupation Accountant	Name of Employer Talcott Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Brueggestrat	First Name Carl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0021	Amount of Contribution
Residential Street Address 840 Bayberry Ln	City Orange	State CT	Zip Code 06477	Date Received 06/01/2010	
Principal Occupation Dentist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lewin	First Name Abraham	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0027	Amount of Contribution
Residential Street Address 9 Elizabeth St	City West Haven	State CT	Zip Code 06516	Date Received 06/01/2010	
Principal Occupation Tool Grinder	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Zirolli	First Name Katharine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0025	Amount of Contribution
Residential Street Address 76 Tamara Cir	City Avon	State CT	Zip Code 06001	Date Received 06/02/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Duarte	First Name Eugene	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0107	Amount of Contribution
Residential Street Address 204 Thompson Rd	City Avon	State CT	Zip Code 06001	Date Received 06/03/2010	
Principal Occupation Financial Advisor	Name of Employer Merrill Lynch	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Swenson	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0080	Amount of Contribution
Residential Street Address 36 Game Cock Rd	City Greenwich	State CT	Zip Code 06830	Date Received 06/07/2010	
Principal Occupation Investment Banking	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Kelley	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0081	Amount of Contribution
Residential Street Address 51 High Farms Rd	City West Hartford	State CT	Zip Code 06107	Date Received 06/09/2010	
Principal Occupation Claims	Name of Employer Acadia Insurance Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Morten	First Name Stanley	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0082	Amount of Contribution
Residential Street Address 290 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824	Date Received 06/10/2010	
Principal Occupation Consultant/Investor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Randall	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0031	Amount of Contribution
Residential Street Address 135 Northington Dr	City Avon	State CT	Zip Code 06001	Date Received 06/10/2010	
Principal Occupation	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>06102010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name May	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0035	Amount of Contribution
Residential Street Address 15 Avondale Dr	City Avon	State CT	Zip Code 06001	Date Received 06/10/2010	
Principal Occupation Dentist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>06102010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Malkin	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0108	Amount of Contribution
Residential Street Address 19 Steeplechase	City Avon	State CT	Zip Code 06001	Date Received 06/10/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>06102010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bacevich	First Name Leigh	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0032	Amount of Contribution
Residential Street Address 80 Somerset Dr	City Avon	State CT	Zip Code 06001	Date Received 06/10/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Versland	First Name Heidi	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0036	Amount of Contribution
Residential Street Address 35 Daventry Hill Rd	City Avon	State CT	Zip Code 06001	Date Received 06/10/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Samul	First Name Pamela	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0049	Amount of Contribution
Residential Street Address 24 Foxcroft Run	City Avon	State CT	Zip Code 06001	Date Received 06/14/2010	
Principal Occupation R.E. Appraiser	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Hendel	First Name Douglas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0048	Amount of Contribution
Residential Street Address 10 Woody Ln	City Westport	State CT	Zip Code 06880	Date Received 06/16/2010	
Principal Occupation Business Management	Name of Employer Hendel's Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,100.00	\$600.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Ronstrom	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0084	Amount of Contribution
Residential Street Address 6 Pickney Ave	City Plainville	State CT	Zip Code 06062	Date Received 06/16/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lathrop	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0046	Amount of Contribution
Residential Street Address 100 Randall Rd	City Lebanon	State CT	Zip Code	Date Received 06/17/2010	
Principal Occupation Farmer	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Kafka	First Name Denise	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0047	Amount of Contribution
Residential Street Address 61 Lord Davis Ln	City Avon	State CT	Zip Code 06001	Date Received 06/18/2010	
Principal Occupation Editor	Name of Employer Lexigram Corporate Communication	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name White	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0045	Amount of Contribution
Residential Street Address 60 Pund Ridge Rd	City Cheshire	State CT	Zip Code 06410	Date Received 06/19/2010	
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Matthews	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0088	Amount of Contribution
Residential Street Address 230 Penfield Rd	City Fairfield	State CT	Zip Code 06824	Date Received 06/23/2010	
Principal Occupation Investments	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Sargent	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0042	Amount of Contribution
Residential Street Address 25 Colony Rd	City West Hartford	State CT	Zip Code 06117	Date Received 06/24/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kezer	First Name Pauline	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0095	Amount of Contribution
Residential Street Address 47 Owaneco Trl	City Old Saybrook	State CT	Zip Code 06475	Date Received 06/27/2010	
Principal Occupation Consultant (Retired)	Name of Employer Self (Retired)	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Holub	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0090	Amount of Contribution
Residential Street Address 137 Route 37 S	City Sherman	State CT	Zip Code 06784	Date Received 06/27/2010	
Principal Occupation Financial Manager	Name of Employer IBM	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Kuck	First Name M. Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0096	Amount of Contribution
Residential Street Address 602 Park Rd	City West Hartford	State CT	Zip Code 06107	Date Received 06/28/2010	
Principal Occupation Part time computer repair	Name of Employer Self Employed/Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Knapp	First Name T William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0105	Amount of Contribution
Residential Street Address 171 Collier Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 06/28/2010	
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name McManus	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0051	Amount of Contribution
Residential Street Address 1 Blackberry Ln	City Wallingford	State CT	Zip Code 06492	Date Received 06/29/2010	
Principal Occupation Attorney	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Aron	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0100	Amount of Contribution
Residential Street Address 40 Quaker Ln	City West Hartford	State CT	Zip Code 06119	Date Received 06/29/2010	
Principal Occupation Senior Software Engineer	Name of Employer XL Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Savin	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0102	Amount of Contribution
Residential Street Address 65 Sunset Farm Rd	City West Hartford	State CT	Zip Code 06107	Date Received 06/30/2010	
Principal Occupation Mang. partner	Name of Employer Aldin Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Amodio	First Name Jayne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0109	Amount of Contribution
Residential Street Address 5 Belgravia Ter	City Farmington	State CT	Zip Code 06032	Date Received 06/30/2010	
Principal Occupation Self-Employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06302010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Gardner	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0110	Amount of Contribution
Residential Street Address PO Box 369	City Windham	State CT	Zip Code 06280	Date Received 06/30/2010	
Principal Occupation Manager	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Oberg	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0112	Amount of Contribution
Residential Street Address 20 Clear Brk	City Farmington	State CT	Zip Code 06032	Date Received 06/30/2010	
Principal Occupation Community Activist	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06302010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$245.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

Last Name Rubino	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0113	Amount of Contribution
Residential Street Address 4 Townsend Rd	City Farmington	State CT	Zip Code 06032	Date Received 06/30/2010	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06302010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$245.00	\$100.00
Last Name Strathearn	First Name Jeanne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0115	Amount of Contribution
Residential Street Address 231 Mountain Spg	City Farmington	State CT	Zip Code 06032	Date Received 06/30/2010	
Principal Occupation Dentist	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06302010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$195.00	\$50.00
Last Name Schiff	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0114	Amount of Contribution
Residential Street Address 2 W Branch Rd	City Weston	State CT	Zip Code 06883	Date Received 06/30/2010	
Principal Occupation President	Name of Employer Europacific Capitol	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Leonhardt	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0111	Amount of Contribution
Residential Street Address 198 Talcott Notch Rd	City Farmington	State CT	Zip Code 06032	Date Received 06/30/2010	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Bernier	First Name Normand	MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0104	Amount of Contribution
Residential Street Address 19 S Ridge Rd	City Farmington	State CT	Zip Code 06032	Date Received 06/30/2010		
Principal Occupation None	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06302010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$150.00			\$50.00
Total of Section B						\$19,225.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						\$21,437.00

I. MONETARY RECEIPTS (Section A-I)

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Dean 2010		Original 07/12/2010
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card
		Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Dean 2010					Original 07/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

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

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

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 EVENT ACTIVITY

NAME OF COMMITTEE Dean 2010	FILING DUE DATE Original 07/12/2010
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J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
06/10/2010	a	Meet and Greet Event	5 Ensign Dr	Avon	CT	06001

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

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

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

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
06/30/2010	a	Meet and Greet Event	162 Town Farm Rd	Farmington	CT	06032

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

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

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

K. In-Kind Contributions

Name Kostal Nancy				Date Received 06/10/2010		Fair Market Value of this Contribution
Street Address 31 Rosewood Rd		City Avon	State CT	Zip Code 06001		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>06102010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Food and beverages for Fundraiser		Aggregate contributions \$105.00	\$105.00

Name Frost Myra				Date Received 06/10/2010		Fair Market Value of this Contribution
Street Address 355 Country Club Rd		City Avon	State CT	Zip Code 06001		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>06102010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Food and Beverages for Fundraiser		Aggregate contributions \$105.00	\$105.00

Name Nyklicek Judy				Date Received 06/10/2010		Fair Market Value of this Contribution
Street Address 20 Ariel Way		City Avon	State CT	Zip Code 06001		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>06102010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Food and Beverages for Fundraiser		Aggregate contributions \$105.00	\$105.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

K. In-Kind Contributions

Name Corbett Portia				Date Received 06/30/2010		Fair Market Value of this Contribution
Street Address Mountain Spring Road		City Farmington	State CT	Zip Code 06032		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>06302010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Beverages for Fundraiser		Aggregate contributions \$145.00
Name Rubino Elizabeth				Date Received 06/30/2010		Fair Market Value of this Contribution
Street Address 4 Townsend Rd		City Farmington	State CT	Zip Code 06032		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>06302010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Beverages		Aggregate contributions \$245.00
Name Oberg Anne				Date Received 06/30/2010		Fair Market Value of this Contribution
Street Address 20 Clear Brk		City Farmington	State CT	Zip Code 06032		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>06302010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Beverage		Aggregate contributions \$245.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

K. In-Kind Contributions

Name Strathearn Jeanne				Date Received 06/30/2010		Fair Market Value of this Contribution
Street Address 231 Mountain Spg		City Farmington	State CT	Zip Code 06032		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event# <u>06302010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Beverage		Aggregate contributions \$195.00
					\$145.00	\$145.00

Name Staib Judith				Date Received 06/30/2010		Fair Market Value of this Contribution
Street Address 43 Diamond Glen Rd		City Farmington	State CT	Zip Code 06032		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event# <u>06302010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Beverages		Aggregate contributions \$145.00
					\$145.00	\$145.00

Total of Section K

\$1,040.00

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

**M. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus, and Party Committee**

Name of Committee		Name of Treasurer				
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation		Purpose of Expenditure				
		A	B	C	D	E

Total of Section M

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Khristina Surgeon	04/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address 160 Adams St	City Hartford	State CT	Zip Code 06112
Purpose of Expenditure WAGE		<u>1004</u> <input type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$294.14
Staples, Inc.	04/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address 15 Albany Tpke	City Simsbury	State CT	Zip Code 06092
Purpose of Expenditure PRNT		<u>1005</u> <input type="checkbox"/> Debit Card	
Description Printed Materials		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$142.04
Malcolm McGough	04/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address 144 Reverknolls	City Avon	State CT	Zip Code 06001
Purpose of Expenditure RCW		<u>1006</u> <input type="checkbox"/> Debit Card	
Description Staples Printed Material		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$474.84

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee Staples, Inc.					Date of Payment 04/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 15 Albany Tpke		City Simsbury	State CT	Zip Code 06092	Purpose of Expenditure OFFICE	<u>1007</u> <input type="checkbox"/> Debit Card	
Description Paper for Printing					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$93.34
Name of Payee Khristina Surgeon					Date of Payment 04/28/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 160 Adams St		City Hartford	State CT	Zip Code 06112	Purpose of Expenditure WAGE	<u>1008</u> <input type="checkbox"/> Debit Card	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$349.08
Name of Payee Staples					Date of Payment 04/29/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 15 Albany Tpke		City Simsbury	State CT	Zip Code 06092	Purpose of Expenditure PRNT	<u>1009</u> <input type="checkbox"/> Debit Card	
Description Printed Material					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$142.04

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Edonation	04/30/2010	<input type="checkbox"/> Check #	
Street Address 117 N Saint Asaph St .	City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure WEB		<input checked="" type="checkbox"/> Debit Card	
Description On-Line Contributions		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$349.08
Name of Payee EDonation	Date of Payment 05/06/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 117 N Saint Asaph St	City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure WEB		1011 <input type="checkbox"/> Debit Card	
Description Set-Up Fee		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$400.00
Name of Payee ABC Signs	Date of Payment 05/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 5851 Larue Steiner Rd	City Theodore	State AL	Zip Code 36582
Purpose of Expenditure A-SIGN		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$532.23

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Staples					05/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1010		
15 Albany Tpke	Simsbury	CT	06092	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$142.04	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Khristina Surgeon					05/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1012		
160 Adams St	Hartford	CT	06112	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$349.08	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Travelocity					05/11/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1012		
3150 Sabre Dr .	Southlake	TX	76092	ATT *	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Attendee: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/14/10 to 5/16/2010, Location: Charlotte, North Carolina, Entity Sponsoring Event: National Rifle							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,033.90	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
NRA	05/12/2010	<input type="checkbox"/> Check #	
Street Address 11250 Waples Mill Rd	City Fairfax	State VA	Zip Code 22030
Purpose of Expenditure ATT *			<input checked="" type="checkbox"/> Debit Card
Description Attendee: Martha Dean, 15 Ensign Drive, Avon, CT 06001, Date of Event: 5/16/10, Location: Charlotte, North Carolina			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$135.00
Name of Payee Staples	Date of Payment 05/17/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 15 Albany Tpke	City Simsbury	State CT	Zip Code 06092
Purpose of Expenditure PRNT			<u>1013</u> <input type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$142.04
Name of Payee Bruegger's Bagels	Date of Payment 05/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 45 E Main St	City Avon	State CT	Zip Code 06001
Purpose of Expenditure FOOD			<input checked="" type="checkbox"/> Debit Card
Description Food for Campaign Meeting			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$17.25

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Fast Signs					05/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1540D Pleasant Valley Rd		Manchester	CT	06042	A-OTH		
Description						Event #	
Stickers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,831.68	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
EventBrite					05/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1620 Newfield Ave		Stamford	CT	06905	ATT *		
Description						Event #	
Name of Attendee: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/23/2010, Location of Event: 1620 Newfield Ave, Stamford, CT; Entity Sponsoring Event: Right							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$125.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					05/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
15 Albany Tpke		Simsbury	CT	06092	OFFICE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$193.95	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee LAZ Parking				Date of Payment 05/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 100 Columbus Blvd	City Hartford	State CT	Zip Code 06103	Purpose of Expenditure ATT *	<input checked="" type="checkbox"/> Debit Card	
Description Nathaniel Schindler, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/24/2010, Location: 100 Columbus Blvd, Hartford, CT, Sponsoring Entity: CT Republican Party					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$19.00
Name of Payee Dunkin Donuts				Date of Payment 05/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 75 E Main St	City Avon	State CT	Zip Code 06001	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Description Food for Volunteers for Convention					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$27.93
Name of Payee LAZ Parking				Date of Payment 05/25/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 100 Columbus Blvd	City Hartford	State CT	Zip Code 06103	Purpose of Expenditure ATT *	<input checked="" type="checkbox"/> Debit Card	
Description Nathaniel Schindler, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/24/2010, Location: 100 Columbus Blvd, Hartford, CT, Sponsoring Entity: CT Republican Party					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$19.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee Khristina Surgeon					Date of Payment 05/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 160 Adams St		City Hartford	State CT	Zip Code 06112	Purpose of Expenditure WAGE	<u>1017</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$316.76	
Name of Payee Malcolm McGough					Date of Payment 05/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001	Purpose of Expenditure RCW	<u>1018</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$38.14	
Name of Payee Martha Dean					Date of Payment 05/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001	Purpose of Expenditure RCW	<u>1019</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$676.49	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee Martha Dean					Date of Payment 05/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 15 Ensign Dr		City Avon	State CT	Zip Code 06001	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		\$188.00
Name of Payee Bank of America					Date of Payment 05/28/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 240 W Main St		City Avon	State CT	Zip Code 06001	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card	
Description Monthly Maintenance Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		\$13.00
Name of Payee Edonation					Date of Payment 05/31/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 117 N Saint Asaph St .		City Alexandria	State VA	Zip Code 22314	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		\$149.72

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Malcolm McGough					06/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1023</u>	
15 Ensign Dr		Avon	CT	06001	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$509.76
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					06/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1022</u>	
15 Albany Tpke		Simsbury	CT	06092	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$182.78
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					06/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1026</u>	
15 Albany Tpke		Simsbury	CT	06092	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$142.04
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Khristina Surgeon	06/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address 160 Adams St	City Hartford	State CT	Zip Code 06112
Purpose of Expenditure WAGE			<input type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$526.14
Name of Payee Weston RTC	Date of Payment 06/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 25 Grays Farm Rd	City Weston	State CT	Zip Code 06883
Purpose of Expenditure ATT *			<input type="checkbox"/> Debit Card
Description Name of Attendee: Martha Dean, 15 Ensign Drive, Avon, CT 06001, Event Date: 6/5/2010, Location of Event: Weston, CT, Sponsoring Committee: Weston Republican Town			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$130.00
Name of Payee Paul Pacelli	Date of Payment 06/23/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 106 Putter Dr	City Wallingford	State CT	Zip Code 06492
Purpose of Expenditure CNSLT			<input type="checkbox"/> Debit Card
Description Media Consultant			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$400.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Khristina Surgeon					06/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1028</u>	
160 Adams St		Hartford	CT	06112	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$497.05
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paul Pacelli					06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1029</u>	
106 Putter Dr		Wallingford	CT	06492	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$400.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paul Pacelli					06/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1030</u>	
106 Putter Dr		Wallingford	CT	06492	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$400.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Edonations					06/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Method of Payment		
117 N Saint Asaph St .	Alexandria	VA	22314	WEB	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
On-Line Contributions							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$456.18	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$11,838.72	

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Dean 2010							Original 07/12/2010	
O. Campaign Expenses Paid By Candidate								
Name of Payee Law Offices of Martha A.					Date of Payment 04/30/2010	Is Reimbursement Claimed?		Amount
Street Address 15 Ensign Dr			City Avon	State CT	Zip Code 06001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Purpose of Expenditure OVHD	Description Office Space				Event #		\$1,000.00	
Name of Payee Law Offices of Martha A.					Date of Payment 05/31/2010	Is Reimbursement Claimed?		Amount
Street Address 15 Ensign Dr			City Avon	State CT	Zip Code 06001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Purpose of Expenditure OVHD	Description Office Space				Event #		\$1,000.00	
Name of Payee Law Offices of Martha A.					Date of Payment 06/30/2010	Is Reimbursement Claimed?		Amount
Street Address 15 Ensign Dr			City Avon	State CT	Zip Code 06001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Purpose of Expenditure OVHD	Description Office Space				Event #		\$1,000.00	
Name of Payee Martha A. Dean					Date of Payment 06/30/2010	Is Reimbursement Claimed?		Amount
Street Address 15 Ensign Dr			City Avon	State CT	Zip Code 06001	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Expenditure TRVL	Description 3000 Miles Travelled				Event #		\$1,362.00	
Total of Section O							\$4,362.00	

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

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

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

Name of Creditor Khristina Surgeon		Date Incurred 05/21/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 160 Adams St		City Hartford	State CT	Zip Code 06112	
Purpose of Expenditure TRVL	Description Parking for Convention - Staff				\$30.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
Name of Creditor Malcolm McGough		Date Incurred 05/25/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 144 Reverknolls		City Avon	State CT	Zip Code 06001	
Purpose of Expenditure A-OTH	Description Video of Convention				\$63.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Dean 2010					Original 07/12/2010
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor Khristina Surgeon			Date Incurred 06/30/2010	Event #	
Street Address 160 Adams St		City Hartford		State CT	Zip Code 06112
Purpose of Expenditure WAGE	Description Wages				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
					\$500.00
Total of Section Q					\$593.60

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Malcolm McGough	Date of Payment 04/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1006	Amount
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 15 Albany Tpke	City Simsbury	State CT	Zip Code 06092
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$474.84

Name of Worker/Consultant Martha Dean	Date of Payment 05/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1019	Amount
Secondary Payee Chambers Grill	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 201 S McDowell St	City Charlotte	State NC	Zip Code 28204
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$54.07

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Martha Dean	05/14/2010	<input checked="" type="checkbox"/> Check # 1019	
Secondary Payee Room Service	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 201 S McDowell St	City Charlotte	State NC	
Zip Code 28204		Event #	
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$16.00
Other Candidate(s) Name			
Office Sought			
Martha Dean	05/14/2010	<input checked="" type="checkbox"/> Check # 1019	
Secondary Payee Speedy Cab	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 2020 Eaton Rd	City Charlotte	State NC	
Zip Code 28205		Event #	
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$28.00
Other Candidate(s) Name			
Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Martha Dean	05/16/2010	<input checked="" type="checkbox"/> Check # 1019	
Secondary Payee Pearl Limousine	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 3925A Morris Field Dr	City Charlotte	State NC	Zip Code 28208
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$28.00
Martha Dean	05/16/2010	<input checked="" type="checkbox"/> Check # 1020	
Secondary Payee US Airways	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 915 Main St	City Hartford	State CT	Zip Code
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$25.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Martha Dean	05/17/2010	<input checked="" type="checkbox"/> Check # 1020	
Secondary Payee NRA	Purpose of Expenditure ATT *	<input type="checkbox"/> Debit Card	
Street Address 11250 Waples Mill Rd	City Fairfax	State VA	
Zip Code 22030		Event #	
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$150.00
Malcolm McGough	05/17/2010	<input checked="" type="checkbox"/> Check # 1018	
Secondary Payee Staples	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address 15 Albany Tpke	City Simsbury	State CT	
Zip Code 06092		Event #	
Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$38.14

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Malcolm McGough	05/21/2010	<input checked="" type="checkbox"/> Check # 1023		
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 15 Albany Tpke	City Simsbury	State CT		Zip Code 06092
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$509.76	
Martha Dean	05/25/2010	<input checked="" type="checkbox"/> Check # 1020		
Secondary Payee LAZ Parking Republican Convention	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 100 Columbus Blvd	City Hartford	State CT		Zip Code 06103
Description Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event: 5/25/2010, Location: 100 Columbus Blvd, Hartford, CT, Sponsored by CT Republican Party		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$13.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Martha Dean	05/26/2010	<input checked="" type="checkbox"/> Check # 1019	
Secondary Payee Crowne Plaza	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 201 S McDowell St	City Charlotte	State NC	Zip Code 28204
Description Name and Address of Individual Attending Event: Martha Dean, 15 Ensign Dr, Avon, CT 06001, Date of Event 5/14/10 to 5/16/10, Location of Event: Charlotte, North Carolina, Entity Sponsoring Event: NRA			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$550.42
Total of Section R			\$1,887.23

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Dean 2010				Original 07/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				