

**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

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**SUMMARY PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Jepsen 2010</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	<b>Kathleen</b>	<b>J</b>	<b>Kowalyshyn</b>		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
<b>28 Forster St</b>		<b>Hartford</b>	<b>CT</b>	<b>06106</b>	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
<b>11/02/2010</b>		<b>Attorney General</b>			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	<b>George</b>	<b>C.</b>	<b>Jepsen</b>		
9. TYPE OF REPORT					
<b>October 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>07/12/2010</b>		thru		<b>09/30/2010</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>		<b>Kathleen Kowalyshyn</b>		<b>10/12/2010</b>	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Jepsen 2010</b>	Original 10/12/2010	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$35,242.07</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$100.00</b>	<b>\$76,971.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$7,550.00</b>
16. Other Monetary Receipts (Section D-1)	<b>\$748,876.53</b>	<b>\$748,976.53</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$748,976.53</b>	<b>\$833,497.53</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$784,218.60</b>	<b>\$833,497.53</b>
20. Expenses Paid by Committee (Section N)	<b>\$698,326.48</b>	<b>\$747,605.41</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$85,892.12</b>	<b>\$85,892.12</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$3,750.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$313.19</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$315.86</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name Creed	First Name Kevin	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 # 1102	Amount of Contribution	
Residential Street Address 39 Byrnes Ave	City Litchfield	State CT	Zip Code 06759-4113	Date Received 07/30/2010			
Principal Occupation US Army (Ret) & Attorney	Name of Employer Newman Creed & Ass.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Creed	First Name Kevin	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 # 1103	Amount of Contribution	
Residential Street Address 39 Byrnes Ave	City Litchfield	State CT	Zip Code 06759-4113	Date Received 08/30/2010			
Principal Occupation US Army (Ret) & Attorney	Name of Employer Newman Creed & Ass.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
<b>Total of Section B</b>						<b>\$100.00</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						<b>\$100.00</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

**C1. Contributions from Other Committees**

Name of Committee	Name of Treasurer
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Address	Is this contribution associated with a fundraising event listed in Section J1?	Yes	If yes, list Event #	Amount of Contribution
		No		
City	State	Zip Code	Date Received	Aggregate Contributions

<b>Total of Section C1</b>
----------------------------

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jepsen 2010				Original 10/12/2010
<b>C2. Reimbursements or Payments from other Committees</b>				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
<b>Total of Section C2</b>				

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

**D. Loans Received this Period**

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

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

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

**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**

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

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jepsen 2010				Original 10/12/2010
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Jepsen 2010			Original 10/12/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date Received	Amount
<input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Excess Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	07/26/2010	\$748,876.50
<b>Total of Section H</b>			<b>\$748,876.50</b>

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

NAME OF COMMITTEE				FILING DUE DATE	
Jepsen 2010				Original 10/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
State of Connecticut			07/15/2010		
Street Address		City	State	Zip Code	
Election Enforcement Commission, 20		Hartford	CT	06106	
Description					\$0.03
<b>Total of Section I</b>					<b>\$0.03</b>

## II. FUNDRAISING EVENT ACTIVITY

<b>II. FUNDRAISING EVENT ACTIVITY</b>					
NAME OF COMMITTEE Jepsen 2010				FILING DUE DATE Original 10/12/2010	
<b>J1. Fundraising Event Information</b>					
Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
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
Jepsen 2010	Original 10/12/2010

**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
Jepsen 2010	Original 10/12/2010

**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 #		

<b>Total of Section J3</b>	
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**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

**K. In-Kind Contributions**

Name				Date Received	Fair Market Value of this Contribution
Street Address		City	State	Zip Code	
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a principal of a state contractor or prospective state contractor? Yes No	If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# Yes No		Description of In-Kind Contribution	Aggregate contributions		
<b>Total of Section K</b>					

### III. Non Monetary Receipts

<b>III. Non Monetary Receipts</b>					
NAME OF COMMITTEE					FILING DUE DATE
Jepsen 2010					Original 10/12/2010
<b>L. Refundable Deposit to Telephone Company</b>					
Last Name ( Individuals Only )	First Name	MI	Date Received		Amount of Deposit
Street Address	City	State	Zip Code		
Name of Telephone company					
Street Address	City	State	Zip Code		
<b>Total of Section L</b>					

**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE				FILING DUE DATE	
Jepsen 2010				Original 10/12/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure		
			A	B	C
			D	E	
<b>Total of Section M</b>					

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
State Election Enforcement Commission	07/12/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Trinity St	City Hartford	State CT		Zip Code 06106
Purpose of Expenditure CEF		142		<input type="checkbox"/> Debit Card
Description Buffer check		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$8,496.00	
Paychex, Inc.	07/12/2010	<input type="checkbox"/> Check #		
Street Address 55 Capitol Blvd Ste 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure OVHD		<input checked="" type="checkbox"/> Debit Card		
Description Payroll Service		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$151.68	
Teja Shariff	07/12/2010	<input type="checkbox"/> Check #		
Street Address 388 E Main St	City Branford	State CT		Zip Code 06405
Purpose of Expenditure REF		<input checked="" type="checkbox"/> Debit Card		
Description Check Returned		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$100.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
TD Bank					07/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2035 Broad St		Hartford	CT	06114	BNK		
Description						Event #	
Returned Check Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
TD Bank					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2035 Broad St		Hartford	CT	06114	BNK		
Description						Event #	
Returned Check Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Evelyn Creed					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
39 Byrnes Ave		Litchfield	CT	06759	REF		
Description						Event #	
Check Returned							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Frank Farricker					07/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
14 Mead Ave		Cos Cob	CT	06807-2706	REF		
Description						Event #	
Check Returned							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
TD Bank					07/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2035 Broad St		Hartford	CT	06114	BNK		
Description						Event #	
Returned Check Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
SVM, LP					07/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
200 E Howard Ave Ste 220		Des Plaines	IL	60018	TRVL		
Description						Event #	
Gas Cards							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$1,041.95
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Phil Sherwood	07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address 420 Commonwealth Ave	City New Britain	State CT	Zip Code 06053
Purpose of Expenditure CNSLT		143 <input type="checkbox"/> Debit Card	
Description Consulting 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	\$1,000.00
Name of Payee Paychex, Inc.	Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 55 Capitol Blvd Ste 302	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card	
Description Wages		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	\$3,956.02
Name of Payee Connecticut Network (CTN)	Date of Payment 07/23/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 21 Oak St Ste 605	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure PRNT		<input checked="" type="checkbox"/> Debit Card	
Description video		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	\$35.99

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc.					07/23/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
55 Capitol Blvd Ste 302	Rocky Hill	CT	06067	WAGE			
Description						Event #	
Payroll Taxes							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,406.38	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					07/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>144</u> <input type="checkbox"/> Debit Card		
1225 Eye St NW Ste 1225	Washington	DC	20005	WEB			
Description						Event #	
Software licensing fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,680.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
2Dog Media					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>145</u> <input type="checkbox"/> Debit Card		
260 France St	Rocky Hill	CT	06067	WEB			
Description						Event #	
Website Maintenance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Total Graphic Solutions	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 111 Brookside Rd	City New Britain	State CT		Zip Code 06052
Purpose of Expenditure PRNT		<input type="checkbox"/> Debit Card		
Description Potholders		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	
\$6,307.00				
Merchant Card Processing	08/03/2010	<input type="checkbox"/> Check #		
Street Address PO Box 407066	City Fort Lauderdale	State FL		Zip Code 33340
Purpose of Expenditure CCP		<input checked="" type="checkbox"/> Debit Card		
Description Merchant Bankcd Interchn (Online Contribution Processing)		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	
\$216.53				
Merchant Card Processing	08/03/2010	<input type="checkbox"/> Check #		
Street Address PO Box 407066	City Fort Lauderdale	State FL		Zip Code 33340
Purpose of Expenditure CCP		<input checked="" type="checkbox"/> Debit Card		
Description Merchant Bankcd Discount (Online Contribution Processing)		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	
\$115.95				

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Merchant Card Processing				08/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 407066	Fort Lauderdale	FL	33340	CCP		
Description					Event #	
Merchant Bankcd Fee (Online Contribution Processing)						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$26.10
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
US Post Office				08/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
555 Willard Ave	Newington	CT	06111	POST		
Description					Event #	
postage						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$168.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Yahoo Flicker				08/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
www.yahoo.com	New York	NY	10003	WEB		
Description					Event #	
Website						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$24.95
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Susan Kinsman					Date of Payment 08/05/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 161 Newberry Rd		City East Haddam	State CT	Zip Code 06423	Purpose of Expenditure CNSLT	<u>149</u> <input type="checkbox"/> Debit Card	
Description Consulting Fee					Event #		\$2,200.00
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 Payee Paychex, Inc.					Date of Payment 08/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 55 Capitol Blvd Ste 302		City Rocky Hill	State CT	Zip Code 06067	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Description Wages					Event #		\$4,081.72
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee Prospect Ventures, LLC					Date of Payment 08/05/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 33 Girard Ave		City Hartford	State CT	Zip Code 06105	Purpose of Expenditure OVHD	<u>148</u> <input type="checkbox"/> Debit Card	
Description Rent					Event #		\$1,800.00
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		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Phil Sherwood	08/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address 420 Commonwealth Ave	City New Britain	State CT	Zip Code 06053
Purpose of Expenditure CNSLT		147 <input type="checkbox"/> Debit Card	
Description Consulting 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	\$1,000.00
Name of Payee Global Strategy Group, LLC	Date of Payment 08/06/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 895 Broadway Fl 5	City New York	State NY	Zip Code 10003
Purpose of Expenditure A-WEB		<input checked="" type="checkbox"/> Debit Card	
Description Advertising		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	\$50,000.00
Name of Payee Paychex, Inc.	Date of Payment 08/06/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 55 Capitol Blvd Ste 302	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card	
Description Payroll Taxes		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	\$1,495.98

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Media Strategies					08/06/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11350 Random Hills Rd Ste 670		Fairfax	VA	22030	A-TV		
Description						Event #	
Advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$500,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
TD Bank					08/06/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2035 Broad St		Hartford	CT	06114	BNK		
Description						Event #	
Wire Transfer Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
TD Bank					08/06/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2035 Broad St		Hartford	CT	06114	BNK		
Description						Event #	
Wire Transfer Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
New England Carousel	08/09/2010	<input type="checkbox"/> Check #	
Street Address 95 Riverside Ave	City Bristol	State CT	Zip Code 06010
Purpose of Expenditure Misc *			<input checked="" type="checkbox"/> Debit Card
Description Admission Fee to Crocodile Club Event			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 \$50.00
Name of Payee Paychex, Inc.	Date of Payment 08/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 55 Capitol Blvd Ste 302	City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure OVHD			<input checked="" type="checkbox"/> Debit Card
Description Payroll service			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 \$159.00
Name of Payee Direct Media Marketing	Date of Payment 08/11/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 7 School St	City Bethel	State CT	Zip Code 06801
Purpose of Expenditure POLLS			<u>150</u> <input type="checkbox"/> Debit Card
Description benchmark poll			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 \$8,750.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Suburban Sanitation Service					08/11/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
18 Colonial Rd , P.O. Box 307		Canton	CT	06019	Misc *		
Description						Event #	
For Headquarter BBQ							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$150.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
BankDirect Capital Finance					08/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>151</u> <input type="checkbox"/> Debit Card	
PO Box 660448		Dallas	TX	75266-0448	OVHD		
Description						Event #	
insurance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$255.34
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Adobe Online Store					08/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
www.adobe.com		New York	NY	10002	WEB		
Description						Event #	
Website program							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$200.99
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					08/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 4003	Acworth	GA	30101	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
staff cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$107.18
Name of Payee					Date of Payment	Method of Payment	Amount
Hot Tomato's					08/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1 Union Pl	Hartford	CT	06103	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Intern Thank You Luncheon (for 14)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$186.61
Name of Payee					Date of Payment	Method of Payment	Amount
US Post Office					08/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
102 Lasalle Rd	West Hartford	CT	06107	POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$92.90

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Windham County Agricultural Society	08/17/2010	<input checked="" type="checkbox"/> Check #		
Street Address Main Street	City Willimantic	State CT		Zip Code 06226
Purpose of Expenditure Misc *				152 <input type="checkbox"/> Debit Card
Description Booth at Fair				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	
			\$60.00	
US Post Office	08/17/2010	<input type="checkbox"/> Check #		
Street Address Blue Hills Avenue	City Hartford	State CT		Zip Code 06112
Purpose of Expenditure POST				<input checked="" type="checkbox"/> Debit Card
Description postage				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	
			\$4.14	
Paychex, Inc.	08/19/2010	<input type="checkbox"/> Check #		
Street Address 55 Capitol Blvd Ste 302	City Rocky Hill	State CT		Zip Code 06067
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Wages				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	
			\$3,956.02	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc.					08/20/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
55 Capitol Blvd Ste 302	Rocky Hill	CT	06067	WAGE			
Description						Event #	
Payroll Taxes							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,406.38
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Waldbaum's					08/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
772 N Main St	West Hartford	CT	06117	Misc *			
Description						Event #	
Supplies for BBQs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$31.89
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					08/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
2550 Albany Ave	West Hartford	CT	06117	OFFICE			
Description						Event #	
office supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$67.82
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Phil Sherwood					08/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>155</u>	
420 Commonwealth Ave		New Britain	CT	06053	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consulting Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
CL&P					08/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>154</u>	
PO Box 150493		Hartford	CT	06115-0493	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
utilities							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$167.69	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					08/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>153</u>	
PO Box 1577		Newark	NJ	07101	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
utilities							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$166.10	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
BankDirect Capital Finance	08/24/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 660448	City Dallas	State TX		Zip Code 75266-0448
Purpose of Expenditure OVHD				
Description Insurance				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$255.34	
US Post Office	08/24/2010	<input type="checkbox"/> Check #		
Street Address Blue Hills Avenue	City Hartford	State CT		Zip Code 06112
Purpose of Expenditure POST				
Description postage				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$84.00	
J. Russo Productions	08/25/2010	<input checked="" type="checkbox"/> Check #		
Street Address main street	City Hartford	State CT		Zip Code 06103
Purpose of Expenditure A-TV				
Description Cable Access Show				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2,561.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Grass Roots Strategies	08/26/2010	<input checked="" type="checkbox"/> Check #		
Street Address 30 Arbor St Ste 210	City Hartford	State CT		Zip Code 06106
Purpose of Expenditure POLLS				158
Description Field canvass				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	
			\$3,714.29	
Phil Sherwood	08/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address 420 Commonwealth Ave	City New Britain	State CT		Zip Code 06053
Purpose of Expenditure PRNT				160
Description Reimbursement for Photocopies (Fedex Kinko's)				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	
			\$64.17	
Clare Kindall	08/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address 46 Bishop Rd	City West Hartford	State CT		Zip Code 06119-1535
Purpose of Expenditure Misc *				161
Description Reimbursement for supplies for BBQs				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	
			\$138.29	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Kevin Clemency					08/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>163</u>	
231 Dogwood Ln		Manhasset	NY	11030-1642	OFFICE	<input type="checkbox"/> Debit Card	
Description						Event #	
Reimbursement for office supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$205.86
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel Mingrone					08/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>159</u>	
91 Elm St Apt 222A		Manchester	CT	06040	POST	<input type="checkbox"/> Debit Card	
Description						Event #	
Reimbursement for postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$49.94
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Total Graphic Solutions					09/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>164</u>	
111 Brookside Rd		New Britain	CT	06052	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Walkcards							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$6,858.20
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Clare Kindall					09/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>168</u>	
46 Bishop Rd		West Hartford	CT	06119-1535	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Reimbursement supplies for BBQs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$230.48
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Anthony Krize					09/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>166</u>	
406 Cutlers Farm Rd		Monroe	CT	06468	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Reimbursement for soda for BBQs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$17.91
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc.					09/02/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Capitol Blvd Ste 302		Rocky Hill	CT	06067	WAGE		
Description						Event #	
Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$4,870.54
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Phil Sherwood				Date of Payment 09/02/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 420 Commonwealth Ave		City New Britain	State CT	Zip Code 06053	Purpose of Expenditure Misc * <input type="checkbox"/> Debit Card		
Description Reimbursement for supplies for BBQs					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		\$131.03
Name of Payee George Jepsen				Date of Payment 09/02/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 31 Barnum Pl		City Ridgefield	State CT	Zip Code 06877	Purpose of Expenditure Misc * <input type="checkbox"/> Debit Card		
Description Reimbursement for Supplies for BBQs/Struble Luncheon					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		\$245.19
Name of Payee Susan Kinsman				Date of Payment 09/02/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 161 Newberry Rd		City East Haddam	State CT	Zip Code 06423	Purpose of Expenditure PRNT <input type="checkbox"/> Debit Card		
Description Reimbursement for Identity Theft 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		\$11.66

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
US Post Office					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
102 Lasalle Rd		West Hartford	CT	06107	POST		
Description						Event #	
Postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$10.97	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
US Post Office					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
102 Lasalle Rd		West Hartford	CT	06107	POST		
Description						Event #	
Postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$20.63	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc.					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Capitol Blvd Ste 302		Rocky Hill	CT	06067	WAGE		
Description						Event #	
Payroll taxes							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,693.65	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Card Processing					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 407066		Fort Lauderdale	FL	33340	CCP		
Description						Event #	
Merchant Bnkcd Fee (Online Contribution Processing)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$23.99
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Card Processing					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 407066		Fort Lauderdale	FL	33340	CCP		
Description						Event #	
Merchant BankCD Interchng (Online Contribution Processing)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$128.73
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Card Processing					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 407066		Fort Lauderdale	FL	33340	CCP		
Description						Event #	
Merchant Bnkcd Discount (Online Contribution Processing)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1.01
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Prospect Ventures, LLC					Date of Payment 09/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 33 Girard Ave		City Hartford	State CT	Zip Code 06105	Purpose of Expenditure OVHD	<u>175</u> <input type="checkbox"/> Debit Card	
Description Rent					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		
							\$900.00
Name of Payee Department of Labor					Date of Payment 09/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 2940		City Hartford	State CT	Zip Code 06104	Purpose of Expenditure OVHD	<u>171</u> <input type="checkbox"/> Debit Card	
Description Filing 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		
							\$25.00
Name of Payee Verizon Wireless					Date of Payment 09/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 4003		City Acworth	State GA	Zip Code 30101	Purpose of Expenditure WAGE	<u>173</u> <input type="checkbox"/> Debit Card	
Description Staff cell phone					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		
							\$107.15

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
CL&P	09/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 150493	City Hartford	State CT	Zip Code 06115-0493
Purpose of Expenditure OVHD		174 <input type="checkbox"/> Debit Card	
Description utilities		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	\$180.56
Name of Payee FedEx Office	Date of Payment 09/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 544 Farmington Ave	City Hartford	State CT	Zip Code 06105
Purpose of Expenditure PRNT		<input checked="" type="checkbox"/> Debit Card	
Description copies		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	\$31.27
Name of Payee Phil Sherwood	Date of Payment 09/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 420 Commonwealth Ave	City New Britain	State CT	Zip Code 06053
Purpose of Expenditure OFFICE		170 <input type="checkbox"/> Debit Card	
Description Reimbursement for office supplies (FedEx Office)		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	\$16.72

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
The Hartford					09/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>172</u>	
2420 Lakemont Ave		Orlando	FL	32802-3556	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Insurance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$86.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Susan Kinsman					09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>178</u>	
161 Newberry Rd		East Haddam	CT	06423	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consulting Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2,500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Phil Sherwood					09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>177</u>	
420 Commonwealth Ave		New Britain	CT	06053	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consulting Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Total Graphic Solutions					09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>179</u>	
111 Brookside Rd		New Britain	CT	06052	A-SIGN	<input type="checkbox"/> Debit Card	
Description						Event #	
lawn signs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$8,268.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Prospect Ventures, LLC					09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>176</u>	
33 Girard Ave		Hartford	CT	06105	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Reimbursement for CNG bill							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$94.82	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc.					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Capitol Blvd Ste 302		Rocky Hill	CT	06067	OVHD		
Description						Event #	
Payroll service							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$151.68	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Media Strategies					09/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
11350 Random Hills Rd Ste 670	Fairfax	VA	22030	A-TV			
Description						Event #	
Advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$50,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
TD Bank					09/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
2035 Broad St	Hartford	CT	06114	BNK			
Description						Event #	
Wire Transfer Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc.					09/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
55 Capitol Blvd Ste 302	Rocky Hill	CT	06067	WAGE			
Description						Event #	
Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2,536.63
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Paychex, Inc.					Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 55 Capitol Blvd Ste 302		City Rocky Hill	State CT	Zip Code 06067	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Description Payroll taxes					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							\$826.39
Name of Payee Merchant Card Processing					Date of Payment 09/20/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address PO Box 407066		City Fort Lauderdale	State FL	Zip Code 33340	Purpose of Expenditure CCP	<input checked="" type="checkbox"/> Debit Card	
Description Cancellation Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							\$500.00
Name of Payee Anthony Krize					Date of Payment 09/21/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 406 Cutlers Farm Rd		City Monroe	State CT	Zip Code 06468	Purpose of Expenditure Misc * <u>180</u>	<input type="checkbox"/> Debit Card	
Description reimbursement for fair entry fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							\$46.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
CL&P					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>181</u>	
PO Box 150493		Hartford	CT	06115-0493	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
utilities							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$93.83	
Name of Payee					Date of Payment	Method of Payment	Amount
BankDirect Capital Finance					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>182</u>	
PO Box 660448		Dallas	TX	75266-0448	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
insurance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$278.11	
Name of Payee					Date of Payment	Method of Payment	Amount
Direct Media Marketing					09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>183</u>	
7 School St		Bethel	CT	06801	POLLS	<input type="checkbox"/> Debit Card	
Description						Event #	
Benchmark poll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$150.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Kevin Creed					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>190</u>	
39 Byrnes Ave		Litchfield	CT	06759-4113	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
reimbursement of contribution							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>185</u>	
1225 Eye St NW Ste 1225		Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Software licensing program							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,380.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Phil Sherwood					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>184</u>	
420 Commonwealth Ave		New Britain	CT	06053	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consulting Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Jepsen 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Anthony Krize					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	187	
406 Cutlers Farm Rd		Monroe	CT	06468	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
reimbursement for gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$44.50	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex, Inc.					09/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	187	
55 Capitol Blvd Ste 302		Rocky Hill	CT	06067	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Wages							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,536.63	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Susan Kinsman					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	186	
161 Newberry Rd		East Haddam	CT	06423	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consulting Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Total of Section N</b>						<b>\$698,326.48</b>	

<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE	FILING DUE DATE					
Jepsen 2010	Original 10/12/2010					
<b>O. Campaign Expenses Paid By Candidate</b>						
Name of Payee	Date of Payment	Is Reimbursement Claimed?	<b>Amount</b>			
Street Address	City	State		Zip Code	Yes	No
Purpose of Expenditure	Description	Event #				
<b>Total of Section O</b>						

<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE					FILING DUE DATE	
Jepsen 2010					Original 10/12/2010	
<b>P. Expenses Incurred on Committee Credit Card</b>						
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 #		
<b>Total of Section P</b>						

**IV. EXPENDITURES**

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

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

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought			
Yes					
No					

**Total of Section Q**

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Clemency, Kevin	07/13/2010	<input checked="" type="checkbox"/> Check # 163	\$61.46
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	
Description Office Supplies (Reimbursed to Kevin Clemency)		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
Jepsen, George	07/13/2010	<input checked="" type="checkbox"/> Check # 169	\$57.29
Secondary Payee Max Bibo's	Purpose of Expenditure A-TV	<input type="checkbox"/> Debit Card	
Street Address 208 Trumbull St	City Hartford	State CT	
Description Struble Media Luncheon for 6 (Reimbursed to George Jepsen)		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Sherwood, Philip	07/20/2010	<input checked="" type="checkbox"/> Check # 160	
Secondary Payee FedEx Office	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	
Zip Code 06105		Event #	
Description Photocopies (Reimbursed to Phil Sherwood)			
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
			\$23.30
Clemency, Kevin	07/20/2010	<input checked="" type="checkbox"/> Check # 163	
Secondary Payee US Post Office	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address 121 Shield St	City West Hartford	State CT	
Zip Code 06110		Event #	
Description Postage (Reimbursed to Kevin Clemency)			
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
			\$84.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Paychex, Inc.	07/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Patrick Shortell	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 17 Foxcroft Rd	City West Hartford	State CT		Zip Code 06119
Description Wages				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$845.03	
Paychex, Inc.	07/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthony Krize	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 406 Cutlers Farm Rd	City Monroe	State CT		Zip Code 06468
Description Wages				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$845.03	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Paychex, Inc.	07/22/2010	<input type="checkbox"/> Check #	
Secondary Payee Kevin Clemency	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 231 Dogwood Ln	City Manhasset	State NY	Zip Code 11030-1642
Description Wages			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
			\$1,419.39
Paychex, Inc.	07/22/2010	<input type="checkbox"/> Check #	
Secondary Payee Daniel Mingrone	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 91 Elm St Apt 222A	City Manchester	State CT	Zip Code 06040
Description Wages			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
			\$845.03

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Sherwood, Philip	07/27/2010	<input checked="" type="checkbox"/> Check # 160	
Secondary Payee FedEx Office	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	
Zip Code 06105		Event #	
Description Photocopies (Reimbursed to Phil Sherwood)			
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
			\$19.06
Sherwood, Philip	08/03/2010	<input checked="" type="checkbox"/> Check # 160	
Secondary Payee FedEx Office	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	
Zip Code 06105		Event #	
Description Copies (Reimbursed to Phil Sherwood)			
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
			\$21.81

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Jepsen, George	08/04/2010	<input checked="" type="checkbox"/> Check # 169	
Secondary Payee BJ's Wholesale Club	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 344 Reidville Rd	City Waterbury	State CT	
Description Supplies for BBQs (Reimbursed to George Jepsen)		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
			\$51.08
Paychex, Inc.	08/05/2010	<input type="checkbox"/> Check #	
Secondary Payee Anthony Krize	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 406 Cutlers Farm Rd	City Monroe	State CT	
Description Wages		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
			\$845.03

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Jepsen, George	08/05/2010	<input checked="" type="checkbox"/> Check # 169		
Secondary Payee Stop & Shop	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address 44 Lake Ave	City Danbury	State CT		Zip Code 06810
Description Supplies for BBQs (Reimbursed to George Jepsen)		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	
			\$8.97	
Name of Worker/Consultant Paychex, Inc.	Date of Payment 08/05/2010	Method of Payment <input type="checkbox"/> Check #		
Secondary Payee Daniel Mingrone	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 91 Elm St Apt 222A	City Manchester	State CT		Zip Code 06040
Description Wages		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	
			\$845.03	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Paychex, Inc.	08/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Patrick Shortell	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 17 Foxcroft Rd	City West Hartford	State CT		Zip Code 06119
Description Wages		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	
			\$846.57	
Paychex, Inc.	08/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Kevin Clemency	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 231 Dogwood Ln	City Manhasset	State NY		Zip Code 11030-1642
Description Wages		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	
			\$1,545.09	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Kinsman, Susan	08/05/2010	<input checked="" type="checkbox"/> Check # 165		
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117
Description Identity Theft Copies (Reimbursed to Susan Kinsman)		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	
			\$11.66	
Jepsen, George	08/08/2010	<input checked="" type="checkbox"/> Check # 169		
Secondary Payee Stop & Shop	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address 44 Lake Ave	City Danbury	State CT		Zip Code 06810
Description Supplies for BBQs (Reimbursed to George Jepsen)		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	
			\$43.85	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Kindall, Clare	08/09/2010	<input checked="" type="checkbox"/> Check # 161		
Secondary Payee BJ's Wholesale Club	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address 507 New Park Ave	City West Hartford	State CT		Zip Code 06110
Description BBQ Supplies (Reimbursed to Clare Kindall)		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	
			\$138.29	
Kindall, Clare	08/12/2010	<input checked="" type="checkbox"/> Check # 168		
Secondary Payee Taylor Rental	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address 600 Oakwood Ave	City West Hartford	State CT		Zip Code 06110
Description Table and chairs for BBQ (Reimbursed to Clare Kindall)		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	
			\$137.27	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Kindall, Clare	08/12/2010	<input checked="" type="checkbox"/> Check # 168	
Secondary Payee BJ's Wholesale Club	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 507 New Park Ave	City West Hartford	State CT	
Zip Code 06110		Event #	
Description Supplies for BBQs (Reimbursed to Clare Kindall)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$58.23
Other Candidate(s) Name			
Office Sought			
Jepsen, George	08/12/2010	<input checked="" type="checkbox"/> Check # 169	
Secondary Payee Libby's Pastry Shop	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 139 Wooster St	City New Haven	State CT	
Zip Code 06511		Event #	
Description Supplies for BBQs (Reimbursed to George Jepsen)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$84.00
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Kindall, Clare	08/12/2010	<input checked="" type="checkbox"/> Check # 168	
Secondary Payee Walmart	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 495 Flatbush Ave	City Hartford	State CT	
Zip Code 06106		Event #	
Description Supplies for BBQs (Reimbursed to Clare Kindall)		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
			\$34.98
Paychex, Inc.	08/19/2010	<input type="checkbox"/> Check #	
Secondary Payee Daniel Mingrone	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 91 Elm St Apt 222A	City Manchester	State CT	
Zip Code 06040		Event #	
Description Wages		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
			\$845.03

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Paychex, Inc.	08/19/2010	<input type="checkbox"/> Check #		
Secondary Payee Patrick Shortell	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 17 Foxcroft Rd	City West Hartford	State CT		Zip Code 06119
Description Wages				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			<b>\$846.57</b>	
Paychex, Inc.	08/19/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthony Krize	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 406 Cutlers Farm Rd	City Monroe	State CT		Zip Code 06468
Description Wages				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			<b>\$845.03</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Paychex, Inc.	08/19/2010	<input type="checkbox"/> Check #	
Secondary Payee Kevin Clemency	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 231 Dogwood Ln	City Manhasset	State NY	Zip Code 11030-1642
Description Wages			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
			\$1,419.39
Name of Worker/Consultant Krize, Anthony	Date of Payment 08/20/2010	Method of Payment <input checked="" type="checkbox"/> Check # 180	Amount
Secondary Payee Hamburg Fair	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address Hamburg Road	City Old Lyme	State CT	Zip Code 06371
Description Entry Fees (Reimbursed to Anthony Krize)			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
			\$15.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Krize, Anthony	08/21/2010	<input checked="" type="checkbox"/> Check # 180	
Secondary Payee New Britain Black Democratic Club	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 24 Elm St	City New Britain	State CT	
Zip Code 06051		Event #	
Description Entry Fees (Reimbursed to Anthony Krize)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$15.00
Other Candidate(s) Name			
Office Sought			
Krize, Anthony	08/22/2010	<input checked="" type="checkbox"/> Check # 166	
Secondary Payee Ted's Mini Mart	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 315 Boston Post Rd	City North Windham	State CT	
Zip Code 06256		Event #	
Description BBQ Soda (Reimbursed to Anthony Krize)			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$17.91
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Krize, Anthony	08/23/2010	<input checked="" type="checkbox"/> Check # 180	
Secondary Payee Terryville Country Fair	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address Town Hill Road	City Terryville	State CT	
Zip Code 06786		Event #	
Description Entry Fees (Reimbursed to Anthony Krize)			
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
			\$16.00
Sherwood, Philip	08/24/2010	<input checked="" type="checkbox"/> Check # 167	
Secondary Payee FedEx Office	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	
Zip Code 06105		Event #	
Description BBQ Invitations (Reimbursed to Phil Sherwood)			
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
			\$46.60

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Sherwood, Philip	08/26/2010	<input checked="" type="checkbox"/> Check # 167		
Secondary Payee Stop & Shop	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address 1881 Park St	City Hartford	State CT		Zip Code 06106
Description Supplies for BBQs		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	
			<b>\$84.43</b>	
Mingrone, Daniel	08/27/2010	<input checked="" type="checkbox"/> Check # 159		
Secondary Payee US Post Office	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address State House Square	City Hartford	State CT		Zip Code 06103
Description Postage (Reimbursed to Daniel Mingrone)		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	
			<b>\$49.94</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Sherwood, Philip	09/01/2010	<input checked="" type="checkbox"/> Check # 170	
Secondary Payee FedEx Office	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	
Zip Code 06105		Event #	
Description Postcards (Reimbursed to Phil Sherwood)			
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
			\$16.72
Name of Worker/Consultant Paychex, Inc.	Date of Payment 09/02/2010	Method of Payment <input type="checkbox"/> Check #	
Secondary Payee Patrick Shortell	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 17 Foxcroft Rd	City West Hartford	State CT	
Zip Code 06119		Event #	
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
			\$846.57

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Paychex, Inc.	09/02/2010	<input type="checkbox"/> Check #		
Secondary Payee Daniel Mingrone	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 91 Elm St Apt 222A	City Manchester	State CT		Zip Code 06040
Description Wages		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	
			<b>\$845.03</b>	
Paychex, Inc.	09/02/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthony Krize	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 406 Cutlers Farm Rd	City Monroe	State CT		Zip Code 06468
Description Wages		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	
			<b>\$845.03</b>	



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Paychex, Inc.	09/16/2010	<input type="checkbox"/> Check #		
Secondary Payee Daniel Mingrone	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 91 Elm St Apt 222A	City Manchester	State CT		Zip Code 06040
Description Wages		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	
			<b>\$845.03</b>	
Paychex, Inc.	09/16/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthony Krize	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 406 Cutlers Farm Rd	City Monroe	State CT		Zip Code 06468
Description Wages		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	
			<b>\$845.03</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Paychex, Inc.	09/16/2010	<input type="checkbox"/> Check #		
Secondary Payee Patrick Shortell	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 17 Foxcroft Rd	City West Hartford	State CT		Zip Code 06119
Description Wages				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	<b>\$846.57</b>
Krize, Anthony	09/28/2010	<input checked="" type="checkbox"/> Check # 187		
Secondary Payee Knecht's Shell Station	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 111 Monroe Tpke	City Trumbull	State CT		Zip Code 06611
Description Gas (Reimbursed to Anthony Krize)				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	<b>\$44.50</b>

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Paychex, Inc.	09/30/2010	<input type="checkbox"/> Check #		
Secondary Payee Patrick Shortell	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 17 Foxcroft Rd	City West Hartford	State CT		Zip Code 06119
Description Wages		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	
			<b>\$846.57</b>	
Paychex, Inc.	09/30/2010	<input type="checkbox"/> Check #		
Secondary Payee Daniel Mingrone	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 91 Elm St Apt 222A	City Manchester	State CT		Zip Code 06040
Description Wages		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	
			<b>\$845.03</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Jepsen 2010	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Paychex, Inc.	Date of Payment 09/30/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Anthony Krize	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 406 Cutlers Farm Rd	City Monroe	State CT		Zip Code 06468
Description Wages		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	\$845.03	
<b>Total of Section R</b>			<b>\$23,077.37</b>	

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE				FILING DUE DATE
Jepsen 2010				Original 10/12/2010
<b>S. Surplus Distribution of Equipment and Furniture</b>				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
<b>Total of Section S</b>				