

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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Page 1 of 41

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
Merrill For Secretary Of The State					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Sheila	B	Amdur						
4. TREASURER ADDRESS									
Street Address			City		State		Zip Code		
132 Lawler Rd			West Hartford		CT		06117		
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
11/02/2010			Secretary of the State						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	Denise	W.	Merrill						
9. TYPE OF REPORT									
October 10 Filing - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
09/03/2010					thru 09/30/2010				
11. CERTIFICATION									
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing			Jeremy Bohn			10/12/2010			
SIGNATURE			PRINT NAME OF THE SIGNER			DATE CERTIFIED			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

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	
Merrill For Secretary Of The State	Original 10/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$8,913.13	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$79,302.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$100.00
16. Other Monetary Receipts (Section D-1)	\$750,000.00	\$1,126,848.45
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$750,000.00	\$1,206,250.45
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$758,913.13	\$1,206,250.45
20. Expenses Paid by Committee (Section N)	\$60,420.03	\$507,757.35
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$698,493.10	\$698,493.10
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$3,220.71
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$245.50
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$75.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$5,012.64	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING DUE DATE	
Merrill For Secretary Of The State								Original 10/12/2010	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>							Subtotal Section A		
B. Itemized Contributions from Individuals									
Last Name		First Name			MI	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address			City		State	Zip Code		Date Received	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Yes No Executive Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Aggregate Contributions	
								Total of Section B	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS					(Sections A & B)		<i>(Total on Line 14 of Summary Page)</i>		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	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 No	If yes, list Event # Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1				

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	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	
Street Address	City	State	Zip Code	Individual		
				Other Committee		
				Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	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

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

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

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Merrill For Secretary Of The State			Original 10/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
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	09/20/2010	\$750,000.00
Total of Section H			\$750,000.00

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Merrill For Secretary Of The State				Original 10/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Merrill For Secretary Of The State	FILING DUE DATE Original 10/12/2010
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J1. Fundraising Event Information

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
Merrill For Secretary Of The State	Original 10/12/2010

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	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 #		

Total of Section J3					
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	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? If yes, indicate which branch or branches of government the contract is with:	Yes No 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		

Total of Section K					
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III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

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

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

Total of Section M

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
One hundred one South LLC	09/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address 101 South St	City West Hartford	State CT	Zip Code
Purpose of Expenditure OVHD		1170 <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	
		\$250.00	
Patty McQueen	09/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address 28 Rundelane	City Bloomfield	State CT	Zip Code
Purpose of Expenditure CNSLT		1169 <input type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$1,200.00	
Richard Telesca	09/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address 54 Lavender Ln	City Rocky Hill	State CT	Zip Code
Purpose of Expenditure CNSLT		300 <input type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$300.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Merrill For Secretary Of The State						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Rephael Chorew				Date of Payment 09/10/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 67 Laird Dr		City Bristol	State CT	Zip Code	Purpose of Expenditure 1173 <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$600.00
Name of Payee Elizabeth Brown				Date of Payment 09/10/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 225 Alexander Ave		City Waterbury	State CT	Zip Code	Purpose of Expenditure 1172 <input type="checkbox"/> Debit Card		
Description consultant and T shirt reimbursement					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		
							\$2,317.50
Name of Payee Kevin Bronson				Date of Payment 09/10/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 51 Cambridge Dr		City Rocky Hill	State CT	Zip Code	Purpose of Expenditure 1174 <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$1,000.00

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Merrill For Secretary Of The State						Original 10/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Magnani Press				09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1175</u>	
120 New Park Ave	Hartford	CT		PRNT	<input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$337.08
Name of Payee				Date of Payment	Method of Payment	Amount
Connecticut Light and Power				09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1176</u>	
PO Box 150493	Hartford	CT		OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
electricity						
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						\$200.89
Name of Payee				Date of Payment	Method of Payment	Amount
Connecticut Light and Power				09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1177</u>	
PO Box 150493	Hartford	CT		OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
electricity						
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						\$44.33

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Total Graphic Solutions	09/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 111 Brookside Rd	City New Britain	State CT		Zip Code
Purpose of Expenditure Misc *				1180
Description stickers				Event #
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			\$422.94	
Magnani Press	09/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 120 New Park Ave	City Hartford	State CT		Zip Code
Purpose of Expenditure A-SIGN				1178
Description				Event #
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			\$4,939.60	
Mission Control LLC	09/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 114 A Mansfield Hollow Rd	City Mansfield Center	State CT		Zip Code
Purpose of Expenditure PRNT				1179
Description palm cards				Event #
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			\$5,114.50	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Merrill For Secretary Of The State						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Myers Research					Date of Payment 09/22/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 6225 Cardinal Brook Ct		City Springfield	State VA	Zip Code	Purpose of Expenditure POLLS	<u>1181</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$30,000.00	
Name of Payee Kevin Bronson					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 51 Cambridge Dr		City Rocky Hill	State CT	Zip Code	Purpose of Expenditure RCW	<u>1187</u> <input type="checkbox"/> Debit Card	
Description reimbursement and mileage						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		\$42.94	
Name of Payee Kevin Bronson					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 51 Cambridge Dr		City Rocky Hill	State CT	Zip Code	Purpose of Expenditure RCW	<u>1184</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$111.55	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check #	\$1,000.00	
Street Address 51 Cambridge Dr	City Rocky Hill	State CT		Zip Code
Purpose of Expenditure CNSLT				<input checked="" type="checkbox"/> 1185 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check #	\$134.41	
Street Address 51 Cambridge Dr	City Rocky Hill	State CT		Zip Code
Purpose of Expenditure RCW				<input checked="" type="checkbox"/> 1186 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
Dorian Lockett	09/24/2010	<input checked="" type="checkbox"/> Check #	\$912.00	
Street Address 441 Clark Ave Apt 29	City Bristol	State CT		Zip Code
Purpose of Expenditure CNSLT				<input checked="" type="checkbox"/> 1182 <input type="checkbox"/> Debit Card
Description consulting services and reimbursement				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
Merrill For Secretary Of The State	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee Dorian Lockett				Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 441 Clark Ave Apt 29	City Bristol	State CT	Zip Code	Purpose of Expenditure TRVL	<u>1189</u> <input type="checkbox"/> Debit Card	
Description transportation					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		\$95.50
Name of Payee Rephael Chorew				Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 67 Laird Dr	City Bristol	State CT	Zip Code	Purpose of Expenditure CNSLT	<u>1183</u> <input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$600.00
Name of Payee Rephael Chorew				Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 67 Laird Dr	City Bristol	State CT	Zip Code	Purpose of Expenditure TRVL	<u>1196</u> <input type="checkbox"/> Debit Card	
Description mileage					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		\$33.25

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Denise Merrill	09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address 545 Wormwood Hill Rd	City Mansfield	State CT	Zip Code
Purpose of Expenditure RCW		<u>1191</u>	<input type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$551.62
Robert Wimberley	09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address 800 G St NE Unit B	City Washington	State DC	Zip Code
Purpose of Expenditure CNSLT		<u>1193</u>	<input type="checkbox"/> Debit Card
Description consulting services and reimbursement			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
			\$7,200.67
Elizabeth Brown	09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address 225 Alexander Ave	City Waterbury	State CT	Zip Code
Purpose of Expenditure CNSLT		<u>1192</u>	<input type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$2,000.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Merrill For Secretary Of The State						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Elizabeth Brown				Date of Payment 09/28/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 225 Alexander Ave		City Waterbury	State CT	Zip Code	Purpose of Expenditure 1194 <input type="checkbox"/> Debit Card		
Description reimbursement and mileage						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	
Name of Payee Kevin Bronson				Date of Payment 09/28/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 51 Cambridge Dr		City Rocky Hill	State CT	Zip Code	Purpose of Expenditure 1195 <input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	
Name of Payee Denise Merrill				Date of Payment 09/29/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 545 Wormwood Hill Rd		City Mansfield	State CT	Zip Code	Purpose of Expenditure 1197 <input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Merrill For Secretary Of The State						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
One hundred one South LLC					09/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1196</u>	
101 South St		West Hartford	CT		OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
rent							
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							
Name of Payee					Date of Payment	Method of Payment	Amount
Barker Specialty					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1198</u>	
27 Realty Dr		Cheshire	CT		A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
stickers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$275.27	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$60,420.03	

IV. EXPENDITURES			
NAME OF COMMITTEE	FILING DUE DATE		
Merrill For Secretary Of The State	Original 10/12/2010		
O. Campaign Expenses Paid By Candidate			
Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code
Purpose of Expenditure	Description	Event #	
Total of Section O			

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Merrill For Secretary Of The State					Original 10/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card:			
			Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	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
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Elizabeth Brown	09/10/2010	<input checked="" type="checkbox"/> Check # 1172	
Secondary Payee Barker Specialty	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 27 Realty Dr	City Cheshire	State CT	Zip Code
Description T Shirts			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
			\$317.50
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check # 1184	
Secondary Payee Valero	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1 South St	City West Hartford	State CT	Zip Code
Description gas			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
			\$35.66

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check # 1184		
Secondary Payee Sunoco	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 2306 Silas Deane Hwy	City Rocky Hill	State CT		Zip Code
Description gas				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$38.06
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check # 1184		
Secondary Payee Valero	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 1 South St	City West Hartford	State CT		Zip Code
Description gas				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$37.83

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Dorian Lockett	09/24/2010	<input checked="" type="checkbox"/> Check # 1182		
Secondary Payee Laz Parking Ltd	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 615 Silver Ln	City East Hartford	State CT		Zip Code
Description parking				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	
			\$12.00	
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check # 1186		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$33.44	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check # 1186		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$77.37	
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check # 1186		
Secondary Payee Walmart	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 495 Flatbush Ave	City Hartford	State CT		Zip Code
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$23.60	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Kevin Bronson	09/24/2010	<input checked="" type="checkbox"/> Check # 1187	
Secondary Payee Valero	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1 South St	City West Hartford	State CT	
Description gas		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$27.19
Robert Wimberley	09/27/2010	<input checked="" type="checkbox"/> Check # 1193	
Secondary Payee Amtrak	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 4300 Garden City Dr	City Washington	State DC	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$240.40

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Robert Wimberley	09/27/2010	<input checked="" type="checkbox"/> Check # 1193	
Secondary Payee Avis Rent A Car	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 50 Union Ave	City New Haven	State CT	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$157.66
Robert Wimberley	09/27/2010	<input checked="" type="checkbox"/> Check # 1193	
Secondary Payee Town of Mansfield	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 4 S Eagleville Rd	City Mansfield	State CT	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$26.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Robert Wimberley	09/27/2010	<input checked="" type="checkbox"/> Check # 1193	
Secondary Payee Wallingford Town Clerk	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 45 S Main St	City Wallingford	State CT	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$52.00
Robert Wimberley	09/27/2010	<input checked="" type="checkbox"/> Check # 1193	
Secondary Payee Hartford Town Clerk	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 550 Main St	City Hartford	State CT	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$9.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Robert Wimberley	09/27/2010	<input checked="" type="checkbox"/> Check # 1193	
Secondary Payee National Student Clearinghouse	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 2300 Dulles Station Blvd # 300	City Herndon	State VA	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$16.00
Robert Wimberley	09/27/2010	<input checked="" type="checkbox"/> Check # 1193	
Secondary Payee Long Wharf Mobil	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 200 Sargent Dr	City New Haven	State CT	
Description gas		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
			\$20.65

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Denise Merrill	09/27/2010	<input checked="" type="checkbox"/> Check # 1191	
Secondary Payee Avis Rent A Car	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1445 New Britain Ave	City West Hartford	State CT	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$551.62
Elizabeth Brown	09/28/2010	<input checked="" type="checkbox"/> Check # 1194	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address 495 Union St	City Waterbury	State CT	
Description campaign 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
			\$90.10

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Merrill For Secretary Of The State	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Kevin Bronson	09/28/2010	<input checked="" type="checkbox"/> Check # 1195	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address 507 New Park Ave	City Hartford	State CT	
Description 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
			\$89.99
Denise Merrill	09/29/2010	<input checked="" type="checkbox"/> Check # 1197	
Secondary Payee J. Timothy's Tavern	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 143 New Britain Ave	City Plainville	State CT	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$94.14
Total of Section R			\$1,950.71

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Merrill For Secretary Of The State				Original 10/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				