

**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 56

**SUMMARY PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Dean 2010</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	<b>Nathaniel</b>	<b>S</b>	<b>Schindler</b>		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
<b>23 Taquoshe Pl</b>		<b>Fairfield</b>	<b>CT</b>	<b>06825</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>Martha</b>	<b>A.</b>	<b>Dean</b>		
9. TYPE OF REPORT					
<b>October 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>09/03/2010</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>Nathaniel Schindler</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>Dean 2010</b>	Original 10/12/2010	
	COLUMN A This Period	COLUMN 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>\$5,018.64</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$24,183.00</b>	<b>\$63,160.70</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$4,375.00</b>	<b>\$5,375.00</b>
16. Other Monetary Receipts (Section D-1)	<b>\$0.00</b>	<b>\$500.00</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>\$28,558.00</b>	<b>\$69,035.70</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$33,576.64</b>	<b>\$69,035.70</b>
20. Expenses Paid by Committee (Section N)	<b>\$9,014.16</b>	<b>\$44,473.22</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	<b>\$24,562.48</b>	<b>\$24,562.48</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$496.00</b>	<b>\$2,048.50</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>\$0.00</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>\$2,500.00</b>	<b>\$12,506.00</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>\$3,718.81</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$3,718.81</b>	

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

NAME OF COMMITTEE	FILING DUE DATE
Dean 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>\$2,623.00</b>

**B. Itemized Contributions from Individuals**

Last Name Hennessey	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0164	Amount of Contribution
Residential Street Address 767 George Washington Tpke	City Burlington	State CT	Zip Code 06013	Date Received 09/03/2010	
Principal Occupation Painting/Paperhanging	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name DeBartolo	First Name Karen	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 # 0185	Amount of Contribution
Residential Street Address 15 Summit Pl	City Stamford	State CT	Zip Code 06906	Date Received 09/03/2010	
Principal Occupation Business Economist	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Shaw	First Name Debra	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0177	Amount of Contribution
Residential Street Address 8 Indian Dr	City Old Greenwich	State CT	Zip Code 06870	Date Received 09/03/2010	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>09192010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hudak	First Name Stephen	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 # 0186	Amount of Contribution
Residential Street Address 6H Lyle Ct	City Farmington	State CT	Zip Code 06032	Date Received 09/04/2010	
Principal Occupation Attorney	Name of Employer SS&C Technologies, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Butera	First Name Adam	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 # 0230	Amount of Contribution
Residential Street Address 21 Mohegan Ln	City Hebron	State CT	Zip Code 06248	Date Received 09/05/2010	
Principal Occupation Attorney	Name of Employer Chubb Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$25.00
Last Name Ferrari	First Name Ronald	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 # 0187	Amount of Contribution
Residential Street Address 1160 S Main St # 410	City Middletown	State CT	Zip Code 06457	Date Received 09/06/2010	
Principal Occupation Process Operator	Name of Employer Pratt & Whitney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Levy	First Name Stanley	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0188	Amount of Contribution
Residential Street Address 551 5th Ave	City New York	State NY	Zip Code 10176	Date Received 09/07/2010	
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Bushey	First Name Peggie	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 # 0190	Amount of Contribution
Residential Street Address 1A Stonewall Dr	City Killingworth	State CT	Zip Code 06419	Date Received 09/07/2010	
Principal Occupation Recruiter	Name of Employer Aetna	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Levy	First Name Steven	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 # 0189	Amount of Contribution
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code 06831	Date Received 09/07/2010	
Principal Occupation Real Estate Broker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Muratori	First Name Raymond	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 # 0192	Amount of Contribution
Residential Street Address 222 Old Boston Post Rd	City Old Saybrook	State CT	Zip Code 06475	Date Received 09/08/2010	
Principal Occupation Attorney	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Day	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0155	Amount of Contribution
Residential Street Address 34 Edgewater Dr	City Old Greenwich	State CT	Zip Code 06870	Date Received 09/08/2010	
Principal Occupation Psychologist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>09192010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name King	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0191	Amount of Contribution
Residential Street Address PO Box 47	City Farmington	State CT	Zip Code 06034	Date Received 09/08/2010	
Principal Occupation Systems	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$400.00	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Svengalis	First Name Kendall	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 # 0193	Amount of Contribution
Residential Street Address 204 Wyassup Rd	City North Stonington	State CT	Zip Code 06359	Date Received 09/09/2010	
Principal Occupation Writer and Publisher	Name of Employer Rhode Island Law Press (self)	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Frantz	First Name L. Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0161	Amount of Contribution
Residential Street Address 123 Meadow Rd	City Riverside	State CT	Zip Code 06878	Date Received 09/09/2010	
Principal Occupation President	Name of Employer Haebler Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09192010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Fishbein	First Name Craig	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0231	Amount of Contribution
Residential Street Address 179 Grieb Rd	City Wallingford	State CT	Zip Code 06492	Date Received 09/12/2010	
Principal Occupation Attorney	Name of Employer Fishbein Law Firm LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$90.00	\$40.00
Last Name Healy	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0163	Amount of Contribution
Residential Street Address 27 Dorchester Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 09/15/2010	
Principal Occupation Chairman	Name of Employer CT Republican	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10012010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Eilers	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0159	Amount of Contribution
Residential Street Address 24 Ferry Ln	City Simsbury	State CT	Zip Code 06070	Date Received 09/16/2010	
Principal Occupation Insurance	Name of Employer Brown & Brown of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10012010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Salmon	First Name Catherine	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 # 0194	Amount of Contribution
Residential Street Address 37 Overshot Dr	City South Glastonbury	State CT	Zip Code 06073	Date Received 09/16/2010	
Principal Occupation Project Manager	Name of Employer IBM Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$200.00	\$200.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Cavo	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0151	Amount of Contribution
Residential Street Address 32 Woodford Hills Dr	City Avon	State CT	Zip Code 06001	Date Received 09/16/2010	
Principal Occupation Attorney	Name of Employer Litchfield Cavo, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$2,000.00	\$2,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Chase	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0195	Amount of Contribution
Residential Street Address 31 Bishop Rd	City West Hartford	State CT	Zip Code 06119	Date Received 09/17/2010	
Principal Occupation Analyst	Name of Employer Chase Enterprises	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$3,500.00	\$1,500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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

**B. Itemized Contributions from Individuals**

Last Name Lipson	First Name Stanton	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 # 0233	Amount of Contribution
Residential Street Address 160 Maple St	City Wethersfield	State CT	Zip Code 06109	Date Received 09/17/2010	
Principal Occupation	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$85.00	\$35.00
Last Name MacKay	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0170	Amount of Contribution
Residential Street Address 78 Meadow Rd	City Riverside	State CT	Zip Code 06878	Date Received 09/18/2010	
Principal Occupation VP: General Auditor	Name of Employer Pepsico	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hark	First Name Margaret	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0162	Amount of Contribution
Residential Street Address 7 Winterset Ln	City Simsbury	State CT	Zip Code 06070	Date Received 09/18/2010	
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10012010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Drake	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0157	Amount of Contribution
Residential Street Address 50 Breezemont Ave	City Riverside	State CT	Zip Code 06878	Date Received 09/19/2010	
Principal Occupation Teacher	Name of Employer Greenwich Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>09192010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Weissler	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0180	Amount of Contribution
Residential Street Address 39 Willowmere Cir	City Riverside	State CT	Zip Code 06878	Date Received 09/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00	\$60.00
Last Name Pachler	First Name Maryellen	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 # 0196	Amount of Contribution
Residential Street Address 500 Bedford St # 318	City Stamford	State CT	Zip Code 06901	Date Received 09/19/2010	
Principal Occupation Nurse Practitioner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Newberry	First Name Reed	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0174	Amount of Contribution
Residential Street Address 47 Breezemont Ave	City Riverside	State CT	Zip Code 06878	Date Received 09/19/2010	
Principal Occupation N/A	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Zeisz	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0183	Amount of Contribution
Residential Street Address 15 Brian Ln	City Avon	State CT	Zip Code 06001	Date Received 09/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Zimmerman	First Name Victor	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0184	Amount of Contribution
Residential Street Address 6 Nawthorne Rd	City Greenwich	State CT	Zip Code 06810	Date Received 09/20/2010	
Principal Occupation Lawyer	Name of Employer Curtis Malley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Torre	First Name Karen	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 # 0197	Amount of Contribution
Residential Street Address PO Box 3368 Stony Creek Station	City Branford	State CT	Zip Code 06405	Date Received 09/20/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Kampmann	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0198	Amount of Contribution
Residential Street Address 93 Riverside Ave	City Riverside	State CT	Zip Code 06878	Date Received 09/20/2010	
Principal Occupation Book Publishing	Name of Employer Kampmann & Company, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name King	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0199	Amount of Contribution
Residential Street Address PO Box 47	City Farmington	State CT	Zip Code 06034	Date Received 09/20/2010	
Principal Occupation Systems	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$700.00	\$300.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Welsh	First Name Melissa	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 # 0234	Amount of Contribution
Residential Street Address 35 Latham Rd	City Willington	State CT	Zip Code 06279	Date Received 09/20/2010	
Principal Occupation Operations Manager	Name of Employer AmTrust	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$50.00
Last Name Kunkel	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0168	Amount of Contribution
Residential Street Address 85 Northgate	City Avon	State CT	Zip Code 06001	Date Received 09/20/2010	
Principal Occupation Executive	Name of Employer Travelers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Feld	First Name Lora	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0160	Amount of Contribution
Residential Street Address 14 Aspenwood	City Weatogue	State CT	Zip Code 06089	Date Received 09/20/2010	
Principal Occupation RN	Name of Employer Student	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10012010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lenahan	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0211	Amount of Contribution
Residential Street Address 20 Seir Hill Rd	City Wilton	State CT	Zip Code 06897	Date Received 09/20/2010	
Principal Occupation Court Reporter	Name of Employer NY State Supreme Court	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

Last Name MacGuffie	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0171	Amount of Contribution
Residential Street Address 144 Mayweed Rd	City Fairfield	State CT	Zip Code 06824	Date Received 09/21/2010	
Principal Occupation Insurance Agent	Name of Employer Business Insurance Distributors, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Scott	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0176	Amount of Contribution
Residential Street Address 45 Tanner Hill Rd	City New Preston	State CT	Zip Code 06770	Date Received 09/21/2010	
Principal Occupation Marketing	Name of Employer Scott Swimming Pools, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Kammerer	First Name John	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 # 0201	Amount of Contribution
Residential Street Address PO Box 55193	City Bridgeport	State CT	Zip Code 06610	Date Received 09/21/2010	
Principal Occupation Real Estate Broker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name McKeever	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0172	Amount of Contribution
Residential Street Address 595 Indian Field Rd	City Greenwich	State CT	Zip Code 06830	Date Received 09/22/2010	
Principal Occupation Financial Manager	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Hennessey	First Name Charles	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0165	Amount of Contribution
Residential Street Address 767 George Washington Tpke	City Burlington	State CT	Zip Code 06013	Date Received 09/22/2010	
Principal Occupation Painting/Paperhanging	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$50.00
Last Name Drake	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0158	Amount of Contribution
Residential Street Address 50 Breezmont Ave	City Riverside	State CT	Zip Code 06878	Date Received 09/22/2010	
Principal Occupation Teacher	Name of Employer Greenwich Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$200.00
Last Name Rutigliano	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0226	Amount of Contribution
Residential Street Address 52 Stemway Rd	City Trumbull	State CT	Zip Code 06611	Date Received 09/22/2010	
Principal Occupation Chef	Name of Employer SBC Restaurant Group LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Federman	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0215	Amount of Contribution
Residential Street Address 5 Wyeth Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 09/22/2010	
Principal Occupation CPA	Name of Employer Federman, Lally & Remis	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10052010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name May	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0224	Amount of Contribution
Residential Street Address 15 Avondale Dr	City Avon	State CT	Zip Code 06001	Date Received 09/22/2010	
Principal Occupation Dentist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$100.00
Last Name Kerr	First Name Allen	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 # 0203	Amount of Contribution
Residential Street Address 37 Horse Heaven Rd	City Washington	State CT	Zip Code 06793	Date Received 09/23/2010	
Principal Occupation Attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Britell	First Name Andrea	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 # 0202	Amount of Contribution
Residential Street Address 6 Plover Ln	City Westport	State CT	Zip Code 06880	Date Received 09/23/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hendel	First Name Jon	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 # 0206	Amount of Contribution
Residential Street Address 277 W End Ave	City New York	State NY	Zip Code 10023	Date Received 09/24/2010	
Principal Occupation Business	Name of Employer Hendel's Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Harrington	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0232	Amount of Contribution
Residential Street Address 700 North St	City Suffield	State CT	Zip Code 06078	Date Received 09/24/2010	
Principal Occupation Accountant	Name of Employer Otis Elevator	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$50.00
Last Name Knag	First Name Paul	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 # 0207	Amount of Contribution
Residential Street Address 27 Miller Rd	City Darien	State CT	Zip Code 06820	Date Received 09/24/2010	
Principal Occupation Attorney	Name of Employer Murtha Cullina LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name McLaughlin	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0205	Amount of Contribution
Residential Street Address 12 Colonial Ln	City Riverside	State CT	Zip Code 06878	Date Received 09/24/2010	
Principal Occupation Lawyer	Name of Employer Sidley Austin LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Campbell	First Name Alexandra	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 # 0204	Amount of Contribution
Residential Street Address 12 Wildwood Ln	City Weston	State CT	Zip Code 06883	Date Received 09/24/2010	
Principal Occupation Stay at home mom	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Westby	First Name Kie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0181	Amount of Contribution
Residential Street Address 45 Homestead Rd	City Southbury	State CT	Zip Code 06488	Date Received 09/24/2010	
Principal Occupation Lawyer	Name of Employer Law Offices of Kie Westby	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Miller	First Name Janet	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0173	Amount of Contribution
Residential Street Address 45 Blue Ridge Dr	City Weatogue	State CT	Zip Code 06089	Date Received 09/25/2010	
Principal Occupation Housewife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sargent	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0175	Amount of Contribution
Residential Street Address 25 Colony Rd	City West Hartford	State CT	Zip Code 06117	Date Received 09/25/2010	
Principal Occupation N/A	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Blake	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0209	Amount of Contribution
Residential Street Address 915 Pond Meadow Rd	City Westbrook	State CT	Zip Code 06498	Date Received 09/25/2010	
Principal Occupation Senior Aerospace Consultant	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Miller	First Name Henry	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 # 0208	Amount of Contribution
Residential Street Address 85 Round Hill Rd	City Greenwich	State CT	Zip Code 06831	Date Received 09/25/2010	
Principal Occupation Executive	Name of Employer Miller Buckfire & Co., LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name O'Leary	First Name Liam	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 # 0210	Amount of Contribution
Residential Street Address 71 Salmonbrook St	City Granby	State CT	Zip Code 06035	Date Received 09/25/2010	
Principal Occupation Veterinarian	Name of Employer Salmonbrook Vet. Hosp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Guerra	First Name Lindsay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0218	Amount of Contribution
Residential Street Address 19 Beech Tree Ln	City Monroe	State CT	Zip Code 06468	Date Received 09/25/2010	
Principal Occupation Retail Sales	Name of Employer K-5 Arms Exchange Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10052010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Handley	First Name Gail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0219	Amount of Contribution
Residential Street Address 4 Squire Rd	City Windsor	State CT	Zip Code 06095	Date Received 09/27/2010	
Principal Occupation VP Customer Service	Name of Employer Bozzuto's Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10052010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Harris	First Name Sean	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0220	Amount of Contribution
Residential Street Address 15 Ridgecrest Ln	City Avon	State CT	Zip Code 06001	Date Received 09/27/2010	
Principal Occupation	Name of Employer Bozzuto's Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10052010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Woodford	First Name Penny	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0182	Amount of Contribution
Residential Street Address 687 W Avon Rd	City Avon	State CT	Zip Code 06001	Date Received 09/27/2010	
Principal Occupation Sales	Name of Employer Coldwell Banker Res. Brokerage	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10012010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Lally	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0223	Amount of Contribution
Residential Street Address 38 Brian Ln	City Avon	State CT	Zip Code 06001	Date Received 09/27/2010	
Principal Occupation CPA	Name of Employer Federman, Lally & Remis	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Santiago	First Name Rafael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0227	Amount of Contribution
Residential Street Address 104 Whetten Rd	City West Hartford	State CT	Zip Code 06117	Date Received 09/28/2010	
Principal Occupation Attorney	Name of Employer Santiago Law Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Joseph	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0212	Amount of Contribution
Residential Street Address 17 Ledge Rd	City Old Greenwich	State CT	Zip Code 06870	Date Received 09/28/2010	
Principal Occupation Real Estate	Name of Employer PMJ Capital Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lenahan	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0200	Amount of Contribution
Residential Street Address 20 Seir Hill Rd	City Wilton	State CT	Zip Code 06897	Date Received 09/28/2010	
Principal Occupation Publishing	Name of Employer Media Sales Assoc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Traun	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0228	Amount of Contribution
Residential Street Address 12 Knollwood Ln	City West Granby	State CT	Zip Code 06090	Date Received 09/28/2010	
Principal Occupation Sales Director	Name of Employer Bozzuto's Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Scheck	First Name Mark	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 # 0213	Amount of Contribution
Residential Street Address 161 Birdseye St	City Stratford	State CT	Zip Code 06615	Date Received 09/29/2010	
Principal Occupation Senior Systems Administrator	Name of Employer IPC Information Systems	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Fuentes	First Name Nubia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0216	Amount of Contribution
Residential Street Address 57 Boulder Dr	City Rocky Hill	State CT	Zip Code 06067	Date Received 09/29/2010	
Principal Occupation Vice president	Name of Employer Pure Coffee International	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10052010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Gardiner	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0217	Amount of Contribution
Residential Street Address 19 Buttonhook Ln	City Portland	State CT	Zip Code 06480	Date Received 09/29/2010	
Principal Occupation manager	Name of Employer Gardiner's Market Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Cerdeira	First Name Anabela	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0229	Amount of Contribution
Residential Street Address 50 Wolf Pit Rd	City Farmington	State CT	Zip Code 06032	Date Received 09/29/2010	
Principal Occupation CPA	Name of Employer Cigna	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$100.00
Last Name Couch	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0153	Amount of Contribution
Residential Street Address 29 Lyme Rd	City Hanover	State NH	Zip Code 03755	Date Received 09/29/2010	
Principal Occupation Engineer	Name of Employer Hypotherm	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00	\$500.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Landmon	First Name Chad	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0169	Amount of Contribution
Residential Street Address 320 Beecher Dr	City Southbury	State CT	Zip Code 06488	Date Received 09/30/2010	
Principal Occupation Attorney	Name of Employer Axinn, Veltrop & Harkrider LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Abbott	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0148	Amount of Contribution
Residential Street Address 489 Wolcott St	City Bristol	State CT	Zip Code 06010	Date Received 09/30/2010	
Principal Occupation Educator	Name of Employer Post University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Canovaca	First Name Roxa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0149	Amount of Contribution
Residential Street Address 393 A Heritage Vlg	City Southbury	State CT	Zip Code 06488	Date Received 09/30/2010	
Principal Occupation Sales	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Schiele	First Name George	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 # 0214	Amount of Contribution
Residential Street Address 19 Hill Rd	City Greenwich	State CT	Zip Code 06830	Date Received 09/30/2010	
Principal Occupation Self-Employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Davis	First Name Harold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0154	Amount of Contribution
Residential Street Address 66 Quaker Farms Rd	City Southbury	State CT	Zip Code 06488	Date Received 09/30/2010	
Principal Occupation First Selectman	Name of Employer Town of Southbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Turk	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0179	Amount of Contribution
Residential Street Address 260 Horse Fence Hill Rd	City Southbury	State CT	Zip Code 06488	Date Received 09/30/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Stripp	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0178	Amount of Contribution
Residential Street Address 4 Scatacook Trl	City Weston	State CT	Zip Code 06883	Date Received 09/30/2010	
Principal Occupation Banker/State Representative	Name of Employer Fairfield County Bank/State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Klarides	First Name Themis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0167	Amount of Contribution
Residential Street Address 23 East Ct	City Derby	State CT	Zip Code 06418	Date Received 09/30/2010	
Principal Occupation Attorney	Name of Employer Klarides and Kaplan	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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

**B. Itemized Contributions from Individuals**

Last Name Hetherington	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0166	Amount of Contribution
Residential Street Address 697 Valley Rd	City New Canaan	State CT	Zip Code 06840	Date Received 09/30/2010	
Principal Occupation Legislator	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09302010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$75.00	\$75.00
Last Name Carmon	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0150	Amount of Contribution
Residential Street Address 301 Country Club Rd	City Avon	State CT	Zip Code 06001	Date Received 09/30/2010	
Principal Occupation Funeral Director	Name of Employer Carmon Funeral Home Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$300.00	\$300.00
Last Name Kulpik	First Name Theodore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0221	Amount of Contribution
Residential Street Address 25 Windmere Way	City Ivoryton	State CT	Zip Code 06442	Date Received 09/30/2010	
Principal Occupation Produce Broker	Name of Employer Coast to Coast Produce	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	\$100.00
Last Name Potter	First Name Kristin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0225	Amount of Contribution
Residential Street Address 25 Sunset Hill Rd	City Simsbury	State CT	Zip Code 06070	Date Received 09/30/2010	
Principal Occupation Mom & Wife	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$150.00	\$150.00
<b>Total of Section B</b>					<b>\$21,560.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 14 of Summary Page)					<b>\$24,183.00</b>

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

NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 10/12/2010	
C1. Contributions from Other Committees							
Name of Committee Connecticut Sportsmen's PAC				Name of Treasurer Barbara Billings			
Address 408 Copse Rd			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Madison	State CT	Zip Code 06443	Date Received 09/03/2010	Aggregate Contributions \$1,000.00		\$1,000.00	
Name of Committee New Canaan Republican Town Committee				Name of Treasurer Roy Abramowitz			
Address PO Box 42			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City New Canaan	State CT	Zip Code 06840	Date Received 09/15/2010	Aggregate Contributions \$1,000.00		\$1,000.00	
Name of Committee Weston Republican Town Committee				Name of Treasurer Sherwood B. Bliss			
Address PO Box 1073			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Weston	State CT	Zip Code 06883	Date Received 09/21/2010	Aggregate Contributions \$100.00		\$100.00	
Name of Committee Noujaim For Progress				Name of Treasurer Patricia Goodin			
Address 214 Scott Rd			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Waterbury	State CT	Zip Code 06705	Date Received 09/21/2010	Aggregate Contributions \$50.00		\$50.00	
Name of Committee Greenwich Republican Town Committee				Name of Treasurer Mary Ann Mullen			
Address PO Box 4030			Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Greenwich	State CT	Zip Code 06831	Date Received 09/22/2010	Aggregate Contributions \$100.00		\$100.00	

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

NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 10/12/2010	
C1. Contributions from Other Committees							
Name of Committee ARTS Political Action Committee (T)				Name of Treasurer Ralph Camasso			
Address 115 W View Rd			Is this contribution associated with a fundraising event listed in Section J1?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Event # 09302010A
City Southbury		State CT	Zip Code 06488	Date Received 09/26/2010	Aggregate Contributions \$2,500.00		Amount of Contribution \$1,500.00
Name of Committee Southbury Republican Town Committee				Name of Treasurer Vincent Toscano			
Address PO Box 315			Is this contribution associated with a fundraising event listed in Section J1?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Event # 09302010A
City Southbury		State CT	Zip Code 06488	Date Received 09/27/2010	Aggregate Contributions \$250.00		Amount of Contribution \$250.00
Name of Committee Old Saybrook Republican Women's Club				Name of Treasurer Jean B Winkler			
Address 519 Main St			Is this contribution associated with a fundraising event listed in Section J1?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list Event #
City Old Saybrook		State CT	Zip Code 06475	Date Received 09/28/2010	Aggregate Contributions \$100.00		Amount of Contribution \$100.00
Name of Committee Brookfield Republican Town Committee				Name of Treasurer Gregory B Woods			
Address PO Box 5154			Is this contribution associated with a fundraising event listed in Section J1?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list Event #
City Brookfield		State CT	Zip Code 06804	Date Received 09/29/2010	Aggregate Contributions \$250.00		Amount of Contribution \$250.00
Name of Committee Heritage Village Republican Club				Name of Treasurer Veronica Delaney			
Address PO Box 2071			Is this contribution associated with a fundraising event listed in Section J1?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Event # 09302010A
City Southbury		State CT	Zip Code 06488	Date Received 09/29/2010	Aggregate Contributions \$25.00		Amount of Contribution \$25.00

	<b>Total of Section C1</b> <b>\$4,375.00</b>
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<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Dean 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
Dean 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	
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
Dean 2010		Original 10/12/2010
<b>E. Personal Funds of the Candidate Received this Period</b>		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		<b>Total of Section E</b>

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
Dean 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	
Dean 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
Dean 2010			Original 10/12/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary      General or Special Election		
Primary	Primary      General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary      General or Special Election		
<b>Total of Section H</b>			

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

NAME OF COMMITTEE				FILING DUE DATE	
Dean 2010				Original 10/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Dean 2010	FILING DUE DATE Original 10/12/2010
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### J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 09/19/2010	Letter A Home Fundraiser	6 Edge Rd	Old Greenwich	CT	06870

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 09/30/2010	Letter A Home Fundraiser	177 Tepi Dr	Southbury	CT	06488

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 10/01/2010	Letter A Home Fundraiser	100 Westland Rd	Avon	CT	06001

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 10/05/2010	Letter A Cocktail Event	162 Town Farm Rd	Farmington	CT	06032

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

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

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

**II. FUNDRAISING EVENT ACTIVITY**

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

#### K. In-Kind Contributions

Name Crihfield Ashley				Date Received 09/19/2010		Fair Market Value of this Contribution
Street Address 6 Ledge Rd		City Old Greenwich	State CT	Zip Code 06870		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>09192010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food/Beverages/Postage		Aggregate contributions \$1,250.00
Name O'Neill Arthur				Date Received 09/30/2010		Fair Market Value of this Contribution
Street Address 177 Tepi Dr		City Southbury	State CT	Zip Code 06488		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>09302010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Beverages		Aggregate contributions \$123.00
Name O'Neill Ruby				Date Received 09/30/2010		Fair Market Value of this Contribution
Street Address 177 Tepi Dr		City Southbury	State CT	Zip Code 06488		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>09302010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food/Beverages		Aggregate contributions \$123.00
<b>Total of Section K</b>					<b>\$496.00</b>	

**III. Non Monetary Receipts**

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	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	
<b>Total of Section L</b>				

**III. NONMONETARY RECEIPTS**

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Constant Contact	09/03/2010	<input type="checkbox"/> Check #		
Street Address 1601 Trapelo Rd	City Waltham	State MA		Zip Code 02451
Purpose of Expenditure WEB		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$50.00	
Nathaniel Schindler	09/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 23 Taquoshe Pl	City Fairfield	State CT		Zip Code 06825
Purpose of Expenditure WAGE		<input type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$807.20	
Paul Pacelli	09/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 106 Putter Dr	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure CNSLT		<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	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Khristina Surgeon					Date of Payment 09/04/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 160 Adams St		City Hartford	State CT	Zip Code 06112	Purpose of Expenditure WAGE	<u>1061</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		\$420.19	
Name of Payee Staples					Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 15 Albany Tpke		City Simsbury	State CT	Zip Code 06092	Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$105.19	
Name of Payee Malcolm McGough					Date of Payment 09/13/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 144 Reverknolls		City Avon	State CT	Zip Code 06001	Purpose of Expenditure RCW	<u>1063</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		\$641.75	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 10/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
Postcards.com					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
9655 De Soto Ave		Chatsworth	CA	91311	PRNT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$252.05
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
ABC Signs					09/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
5851 Larue Steiner Rd		Theodore	AL	36582	A-SIGN		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$317.17
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Khristina Surgeon					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1064</u> <input type="checkbox"/> Debit Card	
160 Adams St		Hartford	CT	06112	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$432.98
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Nathaniel Schindler	09/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 23 Taquoshe Pl	City Fairfield	State CT		Zip Code 06825
Purpose of Expenditure WAGE				1065 <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	
			\$403.60	
Paul Pacelli	09/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 106 Putter Dr	City Wallingford	State CT		Zip Code 06492
Purpose of Expenditure CNSLT				1066 <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	
Commissioner of Revenue Service	09/24/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 2931	City Hartford	State CT		Zip Code 06104
Purpose of Expenditure Misc *				1073 <input type="checkbox"/> Debit Card
Description CT Withholding Tax Payment				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	
			\$44.40	

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee Commissioner of Revenue Services					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 2931		City Hartford	State CT	Zip Code 06104	Purpose of Expenditure Misc *	<u>1072</u> <input type="checkbox"/> Debit Card	
Description CT Withholding Tax Payment						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			\$1.44
Name of Payee Tori Lamore					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 45 Burnham Rd		City Avon	State CT	Zip Code 06001	Purpose of Expenditure POST	<u>1068</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			\$106.75
Name of Payee Khristina Surgeon					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 160 Adams St		City Hartford	State CT	Zip Code 06112	Purpose of Expenditure WAGE	<u>1071</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			\$461.78

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Pauline Kezer					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 47 Owaneco Trl		City Old Saybrook	State CT	Zip Code 06475	Purpose of Expenditure CNSLT	<u>1070</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		\$1,500.00	
Name of Payee ABC Signs					Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 5851 Larue Steiner Rd		City Theodore	State AL	Zip Code 36582	Purpose of Expenditure A-OTH	<input checked="" type="checkbox"/> Debit Card	
Description T-Shirts for Campaign Volunteers						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		\$379.66	
Name of Payee ABC Signs					Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 5851 Larue Steiner Rd		City Theodore	State AL	Zip Code 36582	Purpose of Expenditure A-SIGN	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$1,190.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dean 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Lenny Benedetto					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1069		
160 Otis St	Stratford	CT	06615	CNSLT	<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							\$100.00
<b>Total of Section N</b>						<b>\$9,014.16</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Dean 2010							Original 10/12/2010		
<b>O. Campaign Expenses Paid By Candidate</b>									
Name of Payee Law Offices of MA Dean						Date of Payment 09/30/2010		Is Reimbursement Claimed?	<b>Amount</b>
Street Address 15 Ensign Dr			City Avon		State CT	Zip Code 06001		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Expenditure OVHD	Description Rent					Event #		\$1,000.00	
Name of Payee Martha A. Dean						Date of Payment 09/30/2010		Is Reimbursement Claimed?	<b>Amount</b>
Street Address 144 Reverknolls			City Avon		State CT	Zip Code 06001		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure TRVL	Description Mileage					Event #		\$1,500.00	
<b>Total of Section O</b>								<b>\$2,500.00</b>	

<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE					FILING DUE DATE	
Dean 2010					Original 10/12/2010	
<b>P. Expenses Incurred on Committee Credit Card</b>						
Name of Issuing Institution			Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American</span> </div> 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		
Dean 2010							Original 10/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Malcolm McGough					Date Incurred 09/08/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 144 Reverknolls			City Avon			State CT	Zip Code 06001		
Purpose of Expenditure  OFFICE	Description								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name		Office Sought		\$21.19
Name of Creditor Law Office M.A. Dean					Date Incurred 09/10/2010		Event # 10012010A		Amount Incurred (Estimate or Actual)
Street Address 15 Ensign Dr			City Avon			State CT	Zip Code 06001		
Purpose of Expenditure  POST	Description								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name		Office Sought		\$205.75

### IV. EXPENDITURES

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

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

Name of Creditor Malcolm McGough		Date Incurred 09/11/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 144 Reverknolls		City Avon	State CT	Zip Code 06001	
Purpose of Expenditure PRNT	Description				\$91.58
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Creditor Malcolm McGough		Date Incurred 09/16/2010	Event # 10012010A		Amount Incurred (Estimate or Actual)
Street Address 144 Reverknolls		City Avon	State CT	Zip Code 06001	
Purpose of Expenditure PRNT	Description Invitations				\$34.29
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Dean 2010							Original 10/12/2010		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
Name of Creditor Alphagraphics					Date Incurred 09/22/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 47 W Main St				City Stamford			State CT	Zip Code 06902	
Purpose of Expenditure  PRNT	Description  Various Letters/Cards								
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			\$1,100.00
Name of Creditor Paul Pacelli					Date Incurred 09/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 106 Putter Dr				City Wallingford			State CT	Zip Code 06492	
Purpose of Expenditure  CNSLT	Description								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$600.00

### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Dean 2010							Original 10/12/2010		
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
Name of Creditor Pauline Kezer					Date Incurred 09/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 47 Owaneco Trl				City Old Saybrook			State CT	Zip Code 06475	
Purpose of Expenditure CNSLT	Description								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$500.00
Name of Creditor CW Signs					Date Incurred 09/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 114 Woodlawn Rd				City Berlin			State CT	Zip Code 06037	
Purpose of Expenditure A-SIGN	Description								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$1,166.00
<b>Total of Section Q</b>							<b>\$3,718.81</b>		

### IV. EXPENDITURES

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

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

Name of Worker/Consultant Malcolm McGough	Date of Payment 09/13/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1063	Amount
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card	
Street Address 15 Albany Tpke	City Simsbury	State CT	Zip Code 06092
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$322.16
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant Malcolm McGough	Date of Payment 09/13/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1063	Amount
Secondary Payee Best Buy	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 44A Albany Tpke	City West Simsbury	State CT	Zip Code 06092
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$65.70
Other Candidate(s) Name			Office Sought

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 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	
Malcolm McGough	09/13/2010	<input checked="" type="checkbox"/> Check # 1063		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 15 Albany Tpke	City Simsbury	State CT		Zip Code 06092
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$74.18	
Malcolm McGough	09/13/2010	<input checked="" type="checkbox"/> Check # 1063		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 15 Albany Tpke	City Simsbury	State CT		Zip Code 06092
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$30.46	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dean 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	
Malcolm McGough	09/13/2010	<input checked="" type="checkbox"/> Check # 1063		
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 15 Albany Tpke	City Simsbury	State CT		Zip Code 06092
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			<b>\$115.28</b>	
Malcolm McGough	09/13/2010	<input checked="" type="checkbox"/> Check # 1063		
Secondary Payee Staples	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Street Address 15 Albany Tpke	City Simsbury	State CT		Zip Code 06092
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			<b>\$33.97</b>	
<b>Total of Section R</b>			<b>\$641.75</b>	

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE				FILING DUE DATE
Dean 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>				