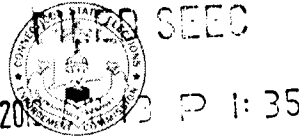


SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 5/08



POSTMARKED APR 12 2010

101156
Do Not Mark in This Space For Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE: Dean 2010
2. TYPE OF COMMITTEE (Check Box): Candidate Committee
3. TREASURER NAME: Mr Nathaniel S Schindler
4. TREASURER ADDRESS: 15 Ensign Drive, Avon, CT 06001
5. ELECTION DATE: 11/02/2010
6. OFFICE SOUGHT (if applicable): Attorney General
7. DISTRICT NUMBER (if applicable)
8. CANDIDATE NAME: Ms Martha A Dean
9. TYPE OF REPORT (Check One Box): April 10 filing, 30 days following primary, Initial Itemized Statement accompanying application for Public Grant
10. PERIOD COVERED: 03/02/2010 thru 04/01/2010
11. CERTIFICATION: I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.
TREASURER OR DEPUTY TREASURER (SIGNATURE): [Signature]
PRINT NAME OF SIGNER: Nathaniel S. Schindler
DATE (mm/dd/yyyy): 4/12/2010
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. 5/08

Page 2 of 17

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
Dean 2010	04/10/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Sections A and B)	\$4,000.00	\$4,000.00
15. Receipts from Other Committees (Sections C1 +C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Sections D-I)	\$500.00	\$500.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$4,500.00	\$4,500.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$4,500.00	\$4,500.00
20. Expenses Paid by Committee (Section N)	\$264.65	\$264.65
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	\$4,235.35	\$4,235.35
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid by Candidate (Section O)	\$1,819.00	\$1,819.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$1,005.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,005.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE					FILING DUE DATE				
Dean 2010					04/10/2010				
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>					Subtotal Section A \$ 150.00				
B. Itemized Contributions from Individuals									
Last Name Bernier		First Justin		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 #	Amount of Contribution	
Residential Street Address 20 Northampton Lane		City Plainville		State CT	Zip Code 06062	Date Received 03/04/2010			
Principal Occupation Candidate		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>					
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 Light		First Andrea		MI M	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 #		
Residential Street Address 7 Greenwood Place		City Norwalk		State CT	Zip Code 06854	Date Received 03/30/2010			
Principal Occupation Sales		Name of Employer Teed & Company		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>					
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 Douglas		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution	
Residential Street Address 10 Woody Lane		City Westport		State CT	Zip Code 06880	Date Received 03/29/2010			
Principal Occupation Business Management		Name of Employer Hendel's Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>					
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 Hendel		First Myron		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 #		
Residential Street Address 16 Strand Road		City Waterford		State CT	Zip Code 06385	Date Received 03/29/2010			
Principal Occupation Business Management		Name of Employer Hendel's Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>					
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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 Platt		First Fay		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution	
Residential Street Address 96 Allerton Road		City Naugatuck		State CT	Zip Code 06798	Date Received 03/31/2010			
Principal Occupation Corporate Secretary		Name of Employer Scott Swimming Pools, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>					
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <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
SUBTOTAL Section B-This Page							\$2,700.00		
TOTAL of all Section B Pages							\$1,150.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)							\$4,000.00		

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Dean 2010	FILING DUE DATE 04/10/2010
---------------------------------------	--------------------------------------

B. Itemized Contributions from Individuals

Last Name Knox	First Kim	MI H.	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address 74 Meadow Lane	City West Hartford	State CT	Zip Code 06107	Date Received 03/27/2010	
Principal Occupation Attorney	Name of Employer Horton, Shields, Knox PC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		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 Dean	First Mark	MI H.	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address 177 Highcrest Road	City Wethersfield	State CT	Zip Code 06109	Date Received 03/24/2010	
Principal Occupation Lawyer	Name of Employer Mark H. Dean PC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions \$250.00	\$250.00
Last Name Dean	First Robert	MI C	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 #	Amount of Contribution
Residential Street Address 5 Penny Lane	City Norwich	State VT	Zip Code 05055	Date Received 03/31/2010	
Principal Occupation Engineer	Name of Employer Synergy Innovations, Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		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 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 #	Amount of Contribution
Residential Street Address 50 Wolf Pit Road	City Farmington	State CT	Zip Code 06032	Date Received 03/31/2010	
Principal Occupation CPA	Name of Employer Cigna	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		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 O'Malley	First 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 #	Amount of Contribution
Residential Street Address 20 Michelle Lane	City Mystic	State CT	Zip Code 06355	Date Received 03/31/2010	
Principal Occupation Fundraiser	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		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
SUBTOTAL Section B-This Page					\$1,150.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Dean 2010	FILING DUE DATE 04/10/2010
---------------------------------------	--------------------------------------

C1. Contributions from Other Committees

Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		

C2. Reimbursements or Payments from other Committees

Name of Committee			Name of Treasurer			
Address			Date Received			Amount of Receipt \$0.00
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services			
Name of Committee			Name of Treasurer			
Street Address			Date Received			Amount of Receipt \$0.00
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services			

SUBTOTAL Section C-This Page					\$0.00
TOTAL of additional Section C Pages					\$0.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)					\$0.00

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

D. Loans Received this Period

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other		
Date of Receipt							\$ \$0.00
Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other		
Date of Receipt							\$ \$0.00
Total Section D (Enter Total on Line 26a on Summary Page)							\$ \$0.00

E. Personal Funds of the Candidate Received this Period (Candidate Committees Only)

Date of Receipt <u>3/3/2010</u>	Method of payment: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt _____	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received
Amount <u>\$500.00</u>		Amount <u>\$0.00</u>		\$ \$500.00

F. Anonymous Contributions (Specify dollar amount of the bills received)

Date Received	Amount \$0.00	Date Received	Amount \$0.00	Total Amount Received
\$1 bills <u>\$0.00</u>	\$5 bills <u>\$0.00</u>	\$1 bills <u>\$0.00</u>	\$5 bills <u>\$0.00</u>	
coins <u>\$0.00</u>	\$10 bill <u>\$0.00</u>	coins <u>\$0.00</u>	\$10 bill <u>\$0.00</u>	
				\$ \$0.00

G. Interest from Deposits in Authorized Accounts

Date Received	Amount \$0.00	Date Received	Amount \$0.00	Total Amount Received	
Name of Institution		Name of Institution			
Street Address		Street Address			
City	State CT	Zip Code	City		State CT
				\$ \$0.00	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Dean 2010	FILING DUE DATE 04/10/2010
---------------------------------------	--------------------------------------

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____ \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____ \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____ \$0.00
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____ \$0.00

Total Section H \$ \$0.00

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	\$ \$0.00
	State CT	
	Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	\$ \$0.00
	State CT	
	Zip Code	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	\$ \$0.00
	State CT	
	Zip Code	
Description		
Total Section I		\$ \$0.00

Summary of Other Monetary Receipts (Sections D-I)

Total Loans Received this Period (Section D)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	500.00
Total Amount of Anonymous Contributions (Section F)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	0.00
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	0.00
Total of Other Monetary Receipts not Considered Contributions <i>(Enter total on Line 16 of Summary Page)</i>		500.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.) 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 (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.) 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 (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.) 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 (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.) 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 (If yes, go to Section J3 **In-kind Donations not Considered Contributions** and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section J2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**) No

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

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

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
<hr/>				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
<hr/>				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
<hr/>				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
<hr/>				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
<hr/>				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
<hr/>				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
<hr/>				
SUBTOTAL Section J2-This Page				\$0.00
TOTAL of additional Section J2 Pages				\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 17 of Summary Page)</i>				\$0.00

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dean 2010	04/10/2010

J3. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	Fair Market Value of Donation								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Street Address</td> <td style="width:20%;">City</td> <td style="width:10%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
SUBTOTAL Section J3-This Page		\$0.00								
TOTAL of additional Section J3 Pages		\$0.00								
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)		\$0.00								

