

Electronic Filing

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			SUM	IMARY	PAGE					
1.NAME OF COMMITTEE								2. TY	PE OF COMMITTEE	
Friends Of Susan 2010	, Inc.								Candidate Committee	
3. TREASURER NAME									Exploratory Committee	
Title	First Jason			MI E	Last Doucette				Suffix	
4. TREASURER ADDRESS				•						
Street Address			City			S	tate		Zip Code	
85 Stephanies Way			Manc	hester		c	т		06040	
5. ELECTION DATE	ON DATE 6. OFFICE SOUGHT (if applicable)						7. DISTI	RICT CODE (if applicable)		
11/02/2010										
8. CANDIDATE NAME	_									
Title	First Susan		MI Last Suffix							
9. TYPE OF REPORT										
April 10 Filing - Origin	al									
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		01/01/2009	thr	u	03/31/2009					
			11 000		Ţ					
			II. CEI	RTIFICATIO	N					
	zed Campaig	under penalties of false gn Finance Disclosure								
Electronic Filing		Jason Doucette				04/13/2	2009			
SIGNATURE		PRINT NAME OF TH	E SIGNI	ER		DATE CE				
		ALTY FOR FALSE STATE 100, OR IMPRISONMENT								

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

NAME OF COMMITTEE Friends Of Susan 2010, Inc.	FILING DUE DATE Original 04/13/2009						
Friends Of Susan 2010, Inc.	Original 04/13/2009						
	Original 04/13/2009						
	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 (Section A and B)	\$97,025.00	\$97,025.00					
15. Receipts from Other Committees (Sections C1 + C2)	\$750.00	\$750.00					
16. Other Monetary Receipts (Section D-I)	\$375.00	\$375.00					
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)	\$98,150.00	\$98,150.00					
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$98,150.00	\$98,150.00					
20. Expenses Paid by Committee (Section N)	\$14,792.78	\$14,792.78					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$83,357.22	\$83,357.22					
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)	\$2,025.00	\$2,025.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE]	FILING	DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
A. Total Contributions from (See instructions for definition of Small		Contribu	itors-Received th	nis Perio		7 total Section A	\$0.00			
		B. It	emized Contribut	ions fron	ı Individu	ials				
Last Name Killian	First Name David			MI	Cash	=	al Check Debit Card	Contribution 0200	ID #	Amount of Contribution
Residential Street Address 149 Brandy St		City Bolton			State CT	Zip Code 06043		Date Received		
Principal Occupation Executive Assistant		Name of Er Connecti	^{mployer} icut Secretary of the	State		Is this contribution ass fundraising event liste If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob 7es X	byist?	Aggre	egate Contributio \$10	ons 10.00	\$100.00
Last Name Killian	First Name Irene			MI	Cash	=	al Check Debit Card	Contribution 0201	ID #	Amount of Contribution
Residential Street Address 149 Brandy Ln		City Bolton			State CT	Zip Code 06043		Date Received		
Principal Occupation Teacher		Name of Er City of H				Is this contribution ass fundraising event liste If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob Tes X	byist?	Aggre	egate Contributio \$10	ons 10.00	\$100.00
Last Name Gilman	First Name Michelle			MI	Cash	=	al Check Debit Card	Contribution 0154	ID #	Amount of Contribution
Residential Street Address 247 Woodbine Rd		City Colcheste	er		State CT	Zip Code 06415		Date Received		
Principal Occupation Executive Assistant		Name of Er Office of	^{mployer}	e State		Is this contribution ass fundraising event liste If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis t child of a lob 7es X	byist?	Aggre	egate Contributic \$10	ons 10.00	\$100.00
Last Name Gilman	First Name Timothy	•		MI	Cash	=	al Check Debit Card	Contribution 0155	ID #	Amount of Contribution
Residential Street Address 247 Woodbine Rd		City Colcheste	er		State CT	Zip Code 06415		Date Received		
Principal Occupation IAR Specialist		Name of Er State of	nployer Connecticut			Is this contribution ass fundraising event liste If yes, list Event #				
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?									\$100.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009
		B. Itemized Contributio	ons from	Individu	als		•		
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	
Bysiewicz	Stanley			Cash	V Order Credit/Deb		0055	I ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
124 S Plumb Rd		Middletown		СТ	06457		2/08/2009		
Principal Occupation Retired					Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative K No Legislative K No Legislative K No						gate Contributio \$37	ions 75.00	\$375.00	
Last Name Harris	First Name Av		МІ	Cash	contribution: X Personal C Order Credit/Deb		Contribution 0167	n ID #	Amount of Contribution
Residential Street Address 8 Meadow St		City Hadley		State MA	Zip Code 01035		ate Received 2/09/2009		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Executive Assistant State of Connecticut If yes, list Event #						Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributio \$10	ions 00.00	\$100.00
Last Name Caine	First Name Martin		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0058	n ID #	Amount of Contribution
Residential Street Address 282 N Main St		City Naugatuck		State CT	Zip Code 06770		ate Received 2/10/2009		
Principal Occupation Attorney		Name of Employer Caine & Caine		<u> </u>	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contributio \$37	ions 75.00	\$375.00
Last Name McGill	First Name Samuel		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0240	n ID #	Amount of Contribution
Residential Street Address 20 Gary Rd		City Enfield		State CT	Zip Code 06082		ate Received 2/11/2009		
Principal Occupation Plumber/Project Manager		Name of Employer Tucker Mechanical			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative Legislative Aggregate Contributions by the contract is with: Legislative Leg							\$50.00		

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009
		B. Itemized Contribution	ons from	Individu	als				
Last Name	First Name		MI	Method of	contribution:			m #	
	Lesley		NII .	Cash	V Order Credit/Deb		Contribution 0231	1 ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
193 Duncaster Rd		Bloomfield		СТ	06002		2/11/2009		
Principal Occupation Deputy Secretary of the State		Name of Employer SOTS			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Yes X No Aggregate Contractor yes X No						-	ions 00.00	\$100.00	
	First Name Tammy		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0235	n ID #	Amount of Contribution
Residential Street Address 165 Valley Dr		City Middletown		State CT	Zip Code 06457		ate Received 2/13/2009		
Principal Occupation Scheduler		Name of Employer Connecticut Secretary of Stat	e		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	r prospective	Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
	First Name Lucian		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0262	n ID #	Amount of Contribution
Residential Street Address 149 Vine St		City New Britain		State CT	Zip Code 06052		ate Received 2/13/2009		
Principal Occupation Executive Assistant		Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	r prospective	Executive Legislative		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributi \$10	ions 00.00	\$100.00
	First Name Valeriano		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 109 Hampton Rd		City Hamden		State CT	Zip Code 06518		ate Received 2/13/2009		
Principal Occupation Executive Assistant		Name of Employer Office of the Secretary of the	State		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative								\$50.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE
Friends Of Susan 2010, Inc.								Origin	nal 04/13/2009
		B. Ite	emized Contributi	ons from	ı Individu	ials			
Last Name D'Agostino	First Name Michael			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 0090	bution ID #	Amount of Contribution
Residential Street Address 457 Waite St		^{City} Hamden			State CT	Zip Code 06517	Date Rece 02/17/2		
Principal Occupation Attorney		Name of Er Bingham	nployer 1, McCutchen		-	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Cor	tributions \$375.00	\$375.00
Last Name McDonagh	First Name Joseph	-		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0239	bution ID #	Amount of Contribution
Residential Street Address 3656 Whitney Ave # 3A		^{City} Hamden			State CT	Zip Code 06518	Date Rece 02/17/2		
Principal Occupation Name of Employer Insurance Self						Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Cor	tributions \$375.00	\$375.00
Last Name Khan	First Name Farooq			MI	Cash	contribution: X Personal C / Order Credit/Det	heck 0197	bution ID #	Amount of Contribution
Residential Street Address 163 Quinnipiac Ave		City North Ha	ven	•	State CT	Zip Code 06473	Date Rece 02/18/2		
Principal Occupation Administrator		Name of Er Montowe Center, 1	ese Health and Rehat	pilitation		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Cor	tributions \$375.00	\$375.00
Last Name Lathrop	First Name Benjamin			MI	Cash	contribution: X Personal C / Order Credit/Det	Theck 0216	bution ID #	Amount of Contribution
Residential Street Address 116 Mowry Ave		^{City} Norwich			State CT	Zip Code 06360	Date Rece 02/18/2		
Principal Occupation Mayor		Name of Er Town of				Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Cor	tributions \$375.00	\$375.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Iten	nized Contributio	ons from	Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID #	Amount of
Dougiello	Ron				Cash Money	V Order Credit/De		0108		Contribution
Residential Street Address		City			State	Zip Code	Da	ate Received		
4798 Main St		Bridgeport			СТ	06606	02	2/18/2009		
Principal Occupation Funeral Director		Name of Empl Self	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$3	ions 75.00	\$375.00
Last Name Hauser	First Name Debra			MI	Cash	contribution: X Personal C / Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 396 Livingston St	•	^{City} New Haven		•	State CT	Zip Code 06511		+ ate Received 2/19/2009		
Principal Occupation Name of Employer Clinical Psychologist CT Weight and Wellness					I	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$3	ions 75.00	\$375.00
Last Name Needleman	First Name Norman			MI	Cash	contribution: X Personal C / Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 24 Book Hill Woods Rd	1	City Essex			State CT	Zip Code 06426		ate Received 2/19/2009		
Principal Occupation Executive		Name of Empl Tower Lab				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$3	ions 75.00	\$375.00
Last Name Mammano	First Name Joseph			МІ	Cash	contribution:		Contribution	n ID #	Amount of Contribution
Residential Street Address 66 Malletts Ln Principal Occupation Consultant	<u> </u>	City New Milford Name of Empl The Mallet		<u> </u>	State CT	/ Order Credit/De Zip Code 06776 Is this contribution associ fundraising event listed ir If yes, list Event #	Da 02 ated with a	1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of Is yes, indicate which branches of							\$375.00		

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009
		B. Itemized Contribution	ons from	Individu	ials				
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID #	
Hubbard	Jacqueline	2		Cash	V Order Credit/Deb		0178	II ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
24 Book HI Woods		Essex		СТ	06426		2/19/2009		
Principal Occupation Executive					Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No						Aggre	gate Contribut \$3	tions 75.00	\$375.00
Last Name Brown	First Name Oswald		МІ	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0049	n ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
67 Long Meadow Ave		Hamden		СТ	06514		2/19/2009		
Principal Occupation Manager			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contribut \$2	tions 00.00	\$200.00
Last Name Davison	First Name David		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
185 Main St		New Britain		СТ	06051	02	2/23/2009		
Principal Occupation Non-profit Executive		Name of Employer American Savings Foundation			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es	byist?	Aggre	gate Contribut \$3	tions 75.00	\$375.00
Last Name Donaldson	First Name Charlie		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0106	n ID #	Amount of Contribution
Residential Street Address 432 4th St		City Brooklyn		State NY	Zip Code 11215		ate Received 2/23/2009		
Principal Occupation Lawyer		Name of Employer NYS Attorney General		•	Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Aggregate Contributions Legislative Aggregate Contributions State Contract is with: State Contrele Contract is with: State Contract is with: Stat								\$375.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009
		B. Itemized Contribution	ons from	Individu	als				
Last Name	First Name		MI	Method of	contribution:		Contribution	- ID #	
Jacobs	Mark			Cash	V Order Credit/Deb		0184	II ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
11 Compo Pkwy		Westport		СТ	06880	02	2/23/2009		
Principal Occupation Attorney					Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:							-	tions 75.00	\$375.00
Last Name Jacobs	First Name Valerie	1	МІ	Cash	contribution: X Personal C Order Credit/Deb		Contribution 0185	n ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
11 Compo Pkwy		Westport		СТ	06880		2/23/2009		
Principal Occupation Writer		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggres	gate Contribut \$3	tions 75.00	\$375.00
Last Name Harvey	First Name John		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0168	n ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
146 Conestoga Way		Glastonbury		СТ	06033	02	2/23/2009		
Principal Occupation Accountant		Name of Employer Harvey & Horowitz P.C.			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$3	tions 75.00	\$375.00
Last Name Nelson	First Name Phillip		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 47 Bigelow Rd		^{City} New Fairfield		State CT	Zip Code 06812		ate Received 2/23/2009		
Principal Occupation Name of Employer Principal Retired					Is this contribution associated with a fundraising event listed in Section J1? X 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: Executive Legislative Legislative Aggregate Contributions terms Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes X No Yes X No								\$200.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009
		B. Itemized Contribution	ons from	Individu	als				
Last Name	First Name		МІ	Mathod of	contribution:				
Masters	Di		NII .	Cash	V Order Credit/Deb		Contribution 0237	n ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
100 S Salem Rd		Ridgefield		СТ	06877		2/23/2009		
Principal Occupation MSM		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event #		1? □	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Yes X No Aggregate Contributions (appendent child of a lobbyist? Yes X No (appendent child of a lobbyist? Yes X No								\$375.00	
Last Name Civitello	First Name Donna		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0080	n ID #	Amount of Contribution
Residential Street Address 1826 Bucks Hill Rd		City Southbury		State CT	Zip Code 06488		ate Received 2/23/2009		
Principal Occupation Attorney		Name of Employer Carter & Civitello		-	Is this contribution associa fundraising event listed in If yes, list Event #		1? □	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggres	gate Contributi \$37	^{ions} 75.00	\$375.00
Last Name Schomaker	First Name Kathleen	-	MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 22 Lilac Ave		City Hamden		State CT	Zip Code 06517		ate Received 2/23/2009		
Principal Occupation Dept. Administrator		Name of Employer Yale University			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributi \$2	ions 25.00	\$25.00
Last Name Barnes	First Name David		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 165 Barcelona Dr		^{City} Boulder		State CO	Zip Code 80303		ate Received 2/23/2009		
Principal Occupation Executive		Name of Employer MWH Global			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Le									\$375.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009
		B. Itemized Contribution	ons from	Individu	als				
	T ¹ X						1		
Last Name Lambert	First Name Carl		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution 0214	n ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
240 Fairview Ave		Hamden		СТ	06514	02	2/23/2009		
Principal Occupation Name of Employer Retired					Is this contribution associa fundraising event listed in If yes, list Event #		1? 브	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:							gate Contributi \$2	ions 25.00	\$25.00
Last Name Sachs	First Name Morris		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution 0286	n ID #	Amount of Contribution
Residential Street Address 34 Simmons Ln		City Greenwich		State CT	Zip Code 06830		ate Received 2/23/2009		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Investing None If yes, list Event # No									
Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggres	gate Contributi \$37	ions 75.00	\$375.00
Last Name Sadanowicz	First Name Andrew		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0288	n ID #	Amount of Contribution
Residential Street Address PO Box 1710		City Avon		State CT	Zip Code 06001		ate Received 2/23/2009		
Principal Occupation Director of Global Business Development		Name of Employer TIMKEN Aerospace Transmiss	ions		Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributi \$37	ions 75.00	\$375.00
Last Name Werner	First Name Don		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0331	n ID #	Amount of Contribution
Residential Street Address 3936 Whitney Ave # 5		City Hamden		State CT	Zip Code 06518		ate Received 2/23/2009		
Principal Occupation Hydrant Maintainer		Name of Employer Town of Hamden			Is this contribution associa fundraising event listed in If yes, list Event #		1? 브	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative L								\$25.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	Mathod of	contribution:			ID #		
Yolles	Robert		NII -	Cash	V Order Credit/Deb		Contribution 0341	n ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
124 Maple Ave		Old Saybrook		СТ	06475	02	2/25/2009		-	
Principal Occupation Litigation Consultant		Name of Employer Litigation Alternatives			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contributi \$37	ions 75.00	\$375.00	
Last Name Yolles	First Name Ann		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0342	n ID #	Amount of Contribution	
Residential Street Address 124 Maple Ave		City Old Saybrook		State CT	Zip Code 06475		ate Received 2/25/2009			
Principal Occupation Operating Room - Manager (RN)		Name of Employer Midstate Medical Center			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob es	byist?	Aggres	gate Contributi \$37	ions 75.00	\$375.00	
Last Name Wilson	First Name Wendy		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0334	n ID #	Amount of Contribution	
Residential Street Address 1 Farnham Way		City Farmington		State CT	Zip Code 06032		ate Received 2/25/2009			
Principal Occupation Homemaker		Name of Employer NA			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributi \$37	ions 75.00	\$375.00	
Last Name Wilson	First Name Harold		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0335	n ID #	Amount of Contribution	
Residential Street Address 1 Farnham Way		City Farmington		State CT	Zip Code 06032		ate Received 2/25/2009			
Principal Occupation Developer		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributi \$37	ions 75.00	\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		МІ	Mathod of	contribution:					
Sachs	Sheryl		MI	Cash	V Order Credit/Deb		Contribution 0287	n ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
34 Simmons Ln		Greenwich		СТ	06830	02	2/25/2009			
Principal Occupation Aviation		Name of Employer Blachfrias Aviation LLC			Is this contribution associa fundraising event listed in If yes, list Event #		1? Ľ	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribut \$3	ions 75.00	\$375.00	
Last Name Sheridan	First Name David		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0304	n ID #	Amount of Contribution	
Residential Street Address 24 Yale Dr		City Manchester		State CT	Zip Code 06042		ate Received 2/25/2009			
Principal Occupation Attorney		Name of Employer Levy & Droney			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggrey	gate Contribut	ions 00.00	\$100.00	
Last Name D'Andrea	First Name Michael		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 0094	n ID #	Amount of Contribution	
Residential Street Address 15 Leatherman Trl		City Hamden		State CT	Zip Code 06518		ate Received 2/25/2009			
Principal Occupation Attorney		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggres	gate Contribut	ions 00.00	\$100.00	
Last Name Ambrose	First Name Neil		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0008	n ID #	Amount of Contribution	
Residential Street Address 321 Great Pond Rd		City South Glastonbury		State CT	Zip Code 06073		ate Received 2/25/2009			
Principal Occupation Attorney		Name of Employer Letizia, Ambrose, & Falls PC			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob res X	byist?	Aggre	gate Contribut	ions 75.00	\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Ite	mized Contributi	ons from	Individu	ials				
Last Name Sarantopoulos	First Name Rachel			MI	Cash	contribution: V Order Credit/De		Contribution 0298	n ID #	Amount of Contribution
Residential Street Address 325 Wrights Crossing Rd	•	City Pomfret C	enter		State CT	Zip Code 06259		ate Received 2/25/2009		
Principal Occupation Attorney		Name of Em Sarantop	ployer oulos & Sarantopoul	os		Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut	ions 75.00	\$375.00
Last Name Masi	First Name Holly			MI	Cash	contribution: X Personal (/ Order Credit/De		Contribution 0236	n ID #	Amount of Contribution
Residential Street Address 158 Blue Hills Ave		^{City} Hamden			State CT	Zip Code 06514		ate Received 2/25/2009		
Principal Occupation Zoning and Enforcement Office		Name of Em Town of I				Is this contribution associ fundraising event listed in If yes, list Event #		1? ப	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut	ions 50.00	\$50.00
Last Name Wirfel	First Name Kenneth			MI	Cash	contribution: V Order		Contribution 0336	n ID #	Amount of Contribution
Residential Street Address 28 Minute Man Hl		^{City} Westport			State CT	Zip Code 06880		ate Received 2/25/2009		
Principal Occupation Attorney		Name of Em Self	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contribut \$2!	ions 50.00	\$250.00
Last Name Nelson	First Name Clifford			MI	Cash	contribution: X Personal O / Order Credit/De		Contribution 0252	n ID #	Amount of Contribution
Residential Street Address 51 Omelia Rd		City Broad Bro			State CT	Zip Code 06016	02	ate Received 2/25/2009		
Principal Occupation Service Director		Name of Em Electrical	ployer Contractors, Inc.			Is this contribution associ fundraising event listed in If yes, list Event #		$1? \square$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contribut	^{ions} 75.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILINO	G DUE DATE
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009
		B. Ite	emized Contribution	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Sarantopoulos	Christian				Cash Money	V Order Credit/De		0296		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
34 Laurel Dr		Dayville			СТ	06241		2/25/2009	9	
Principal Occupation Attorney		Name of Er Sarantor	nployer ooulos & Sarantopoul	OS		Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es X	byist?	Aggre	gate Contribu \$3	utions 375.00	\$375.00
Last Name Letizia	First Name John	i		MI	Cash	contribution: X Personal O / Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
66 Hoyt Ln		Guilford			СТ	06437		2/25/2009	9	
Principal Occupation Attorney		Name of Er	^{nployer} Ambrose & Falls			Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob ⁷ es	byist?	Aggre	gate Contribu \$3	utions 375.00	\$375.00
Last Name Letizia	First Name Laurie			MI	Cash	contribution: X Personal (v Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
66 Hoyt Ln		Guilford			СТ	06437		2/25/2009	9	
Principal Occupation International Franchising		Name of Er Self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		L19	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribu \$3	utions 375.00	\$375.00
Last Name Falls	First Name Kristen			MI	Cash	contribution: V Order		Contributio	on ID #	Amount of Contribution
Residential Street Address 114 Sky View Cir		City Hamden			State CT	Zip Code 06514		ate Received		
Principal Occupation Attorney		Name of Er Letizia, A	^{nployer} Ambrose, & Falls PC		!	Is this contribution associ fundraising event listed in If yes, list Event #		11? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribu \$3	utions 375.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	lals					
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID #	Amount of	
Brunstad	G.			Cash Money	V Order Credit/Deb		0051		Contribution	
Residential Street Address 19 Garnet Hill Ln		City Avon		State CT	Zip Code 06001		ate Received 2/25/2009			
					Is this contribution associa					
Principal Occupation Attorney		Name of Employer Dechert LLP			fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Aggregate Contributions Yes X No Aggregate Contributions \$375.00								\$375.00		
Last Name Caron	First Name Suzanne		MI	Cash	contribution: X Personal C V Order Credit/Deb		Contribution 0063	n ID #	Amount of Contribution	
Residential Street Address 10 Bear Ridge Dr		City Bloomfield		State CT	Zip Code 06002		ate Received 2/25/2009			
Principal Occupation Attorney		Name of Employer Caron & Parris, LLC			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Rehel	First Name Rebecca		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution	
Residential Street Address 10 Bear Ridge Dr		City Bloomfield		State CT	Zip Code 06002		ate Received 2/25/2009			
Principal Occupation Computer Consultant		Name of Employer IBM			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob 'es	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Evans	First Name Frances		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0122	n ID #	Amount of Contribution	
Residential Street Address 155 Margarite Road Ext		City Middletown		State CT	Zip Code 06457		ate Received 2/26/2009			
Principal Occupation Attorney		Name of Employer Lisa A. Faccadio PC			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob Yes	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILINC	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	Mathadach	contribution:		I			
Faccadio	Lisa		MI	Cash	V Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
155 Margarite Road Ext		Middletown		СТ	06457	02	2/26/2009)		
Principal Occupation Attorney		Name of Employer Lisa A Faccadio PC			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution ID #									\$375.00	
Last Name Farid	First Name Tariq		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 95 Barnes Ave		City Wallingford		State CT	Zip Code 06492		ate Received 2/26/2009	1		
Principal Occupation Executive		Name of Employer Edible Arrangements			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggrey	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Ulatowski	First Name Patricia		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 71 Old Zoar Rd		City Monroe		State CT	Zip Code 06468		ate Received 2/26/2009	1		
Principal Occupation Record Manager		Name of Employer City of Bridgeport			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Baxter	First Name David		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 6 Clearview Dr		City Wallingford		State CT	Zip Code 06492		ate Received 2/26/2009			
Principal Occupation CFO		Name of Employer Hopkins School			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILINC	G DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	
Baxter	Marci				Cash	y Order		0028	лі 11 <i>9 ж</i>	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
6 Clearview Dr		Wallingfo	rd		СТ	06492	0	2/26/2009	9	
Principal Occupation Attorney		Name of Er Rogin, N Hurtle	^{nployer} assau, Caplan, Cassr	nan &		Is this contribution associ fundraising event listed in If yes, list Event #		L12	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es X	byist?	Aggre	gate Contribu \$1	ttions	\$150.00
Last Name Stewart	First Name Mary	i		MI	Cash	contribution: X Personal O y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 125 Clover St		City Middletov	vn		State CT	Zip Code 06457		ate Received 2/26/2009	Ð	
Principal Occupation Retired		Name of Er None	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribu \$3	ttions 375.00	\$375.00
Last Name Van Munching	First Name Leo			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 800 Hollow Tree Ridge Rd		^{City} Darien			State CT	Zip Code 06820		ate Received	Ð	
Principal Occupation Retired		Name of Er None	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		112 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob /es X	byist?	Aggre	gate Contribu \$3	itions 375.00	\$375.00
Last Name Reutenauer	First Name Robert			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 345 Boston Rd		City Middletov	vn		State CT	Zip Code 06457		ate Received 3/03/2009	9	
Principal Occupation Organizer		Name of Er SEIU	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob Yes X	byist?	Aggre	gate Contribu \$	ttions	\$50.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								F	FILING	DUE DATE
Friends Of Susan 2010, Inc.								C	Drigina	1 04/13/2009
		B. Ite	mized Contributi	ons from	ı Individu	ials				
Last Name Rovero	First Name Daniel			MI	Cash	contribution: X Personal C / Order Credit/Del		Contribution I	ID #	Amount of Contribution
Residential Street Address 181 Laurel Point Rd		^{City} Dayville			State CT	Zip Code 06241		te Received /03/2009		
Principal Occupation Retired		Name of Em None	ployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggrega	ate Contributior \$375		\$375.00
Last Name Jansen	First Name Cheryl			MI	Cash	contribution: X Personal C / Order Credit/Del		Contribution I 0189	ID #	Amount of Contribution
Residential Street Address 22 Strawberry Ln		_{City} Huntingto	n		State CT	Zip Code 06484		te Received /03/2009		
Principal Occupation Attorney		Name of Em Self	ployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggrega	ate Contributior \$100		\$100.00
Last Name Schulman	First Name Linda			MI	Cash	contribution: X Personal C / Order Credit/Del		Contribution I	ID #	Amount of Contribution
Residential Street Address 167 Old Zoar Rd		^{City} Monroe			State CT	Zip Code 06468		te Received /03/2009		
Principal Occupation Audiologist		Name of Em ENT Spec				Is this contribution associ fundraising event listed in If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggrega	ate Contributior \$25	^{ns} 5.00	\$25.00
Last Name Lieberthal	First Name Neil			MI	Cash	contribution: X Personal C / Order Credit/Del		Contribution I 0226	ID #	Amount of Contribution
Residential Street Address 59 Vixen Rd		City Trumbull			State CT	Zip Code 06611	03,	te Received /03/2009		
Principal Occupation Attorney		Name of Em CT Labore				Is this contribution associ fundraising event listed in If yes, list Event #		1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggrega	ate Contribution \$200		\$200.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILINC	G DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	ID #	
May	Ted	-			Cash	y Order Credit/De		0238	SHID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
136 West Rd		Marlboro	ugh		СТ	06447	0	3/03/2009	9	
Principal Occupation Bank		Name of Er Retired	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		L12	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu \$3	itions 375.00	\$375.00
Last Name Reno	First Name Rebecca	i		MI	Cash	contribution: X Personal O y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 42 Quail Run Rd		City Storrs			State CT	Zip Code 06268		ate Received 3/03/2009	Э	
Principal Occupation Retired		Name of Er None	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribu \$3	ttions 375.00	\$375.00
Last Name Peavy	First Name Edward			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 42 Quail Run Rd		City Storrs			State CT	Zip Code 06268		ate Received 3/03/2009	Ð	
Principal Occupation Consultant		Name of Er Mission			•	Is this contribution associ fundraising event listed in If yes, list Event #		112 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob /es X	byist?	Aggre	gate Contribu \$3	itions 375.00	\$375.00
Last Name Jacaruso	First Name Jon			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 32 Carroll Ave		City Norwich			State CT	Zip Code 06360		ate Received 3/03/2009	9	
Principal Occupation Social Work		Name of Er State of	^{nployer} Connecticut			Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob Yes X	byist?	Aggre	gate Contribu \$	ttions 50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							Ι	FILING	DUE DATE	
Friends Of Susan 2010, Inc.							(Origina	ıl 04/13/2009	
		B. Itemized Contributio	ons from	Individu	als					
	E' AN		1	1			1	i		
Last Name Ceriello	First Name Elizabeth		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution I 0072	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
20 Westfield Rd		West Hartford		СТ	06119	03	3/03/2009			
Principal Occupation Manager/Attorney		Name of Employer Otis Elevator			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribution \$375		\$375.00	
Last Name Brzezinski	First Name Mark		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution I 0052	ID #	Amount of Contribution	
Residential Street Address 1050 Connecticut Ave NW		City Washington		State DC	Zip Code 20036		ate Received 3/03/2009			
Principal Occupation Attorney		Name of Employer McGuire Woods LLP			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggrey	gate Contribution \$100		\$100.00	
Last Name Konover	First Name Michael		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution I 0208	ID #	Amount of Contribution	
Residential Street Address 333 Montevideo Rd		City Avon		State CT	Zip Code 06001		ate Received 3/03/2009			
Principal Occupation Semi-Retired/Real Estate		Name of Employer Semi-Retired/Konover Develo Corp.	pment		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribution \$375		\$375.00	
Last Name Koproski	First Name Alexander	-	MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution I 0209	ID #	Amount of Contribution	
Residential Street Address 222 Oceanview Dr E		City Stamford		State CT	Zip Code 06904		ate Received 3/03/2009			
Principal Occupation Real Estate		Name of Employer Al Koproski Realty			Is this contribution associa fundraising event listed in If yes, list Event #					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob res X	byist?	Aggre	gate Contribution \$375		\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							I	FILING	DUE DATE	
Friends Of Susan 2010, Inc.							(Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	1	contribution:					
Pothier	John		1VII	Cash	y Order Credit/Det		Contribution	ID#	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
402 Farmington Ave .		Hartford		СТ	06105	0	3/03/2009			
Principal Occupation Name of Employer Is this contribution as: fundraising event liste Researcher State of CT Dept. of Higher Education If yes, list Event #						listed in Section J1?				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contributio \$37	ons 5.00	\$375.00	
Last Name Morrissey	First Name Mary		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 137 Main St		City West Haven		State CT	Zip Code 06516		ate Received 3/03/2009			
Principal Occupation Executive Assistant		Name of Employer The Joseph F. Kelly Co.		<u>I</u>	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob res	byist?	Aggre	gate Contributio \$37	ons 5.00	\$375.00	
Last Name Moss	First Name Andrew		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 7 Bluewater HI S		City Westport		State CT	Zip Code 06880		ate Received 3/03/2009			
Principal Occupation Consulting		Name of Employer Bluewater Associates LLC		<u> </u>	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob ⁷ es X	byist?	Aggre	gate Contributio \$37	ons 5.00	\$375.00	
Last Name Hatchell	First Name Michael		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 67 N Quaker Ln		City West Hartford		State CT	Zip Code 06119		ate Received 3/03/2009			
Principal Occupation Attorney		Name of Employer US Government			Is this contribution associa fundraising event listed in If yes, list Event #					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contributio \$10	ons 0.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009	
		B. Itemized Contributi	ons fron	Individu	lals				
Last Name Harewood	First Name Patrick		MI	Method of Cash	contribution:	Contribut neck 0166	ion ID #	Amount of Contribution	
		1		Money	v Order Credit/Debi	t Card			
Residential Street Address 39 Lydia St		City West Haven		State CT	Zip Code 06516	Date Received 03/03/200			
Principal Occupation Adjunct Professor		Name of Employer Quinnipiac University/Univer New Haven	sity of		Is this contribution associa fundraising event listed in t If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob Yes	byist?	Aggregate Contrib	utions \$50.00	\$50.00	
Last Name Diana	First Name Leo		MI	Cash	contribution: X Personal Ch v Order Credit/Debi	0104	ion ID #	Amount of Contribution	
Residential Street Address 1091 Main St		City Manchester		State CT	Zip Code 06040	Date Received 03/03/200			
Principal Occupation Attorney		Name of Employer Diana, Conti & Tunila, LLP			Is this contribution associat fundraising event listed in a If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob ^r es X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Giannattasio	First Name Joseph		MI	Cash	contribution: X Personal Cł / Order Credit/Debi	0150	ion ID #	Amount of Contribution	
Residential Street Address 1 Greenwich Way		City Milford		State CT	Zip Code 06460	Date Received 03/06/200			
Principal Occupation Driver		Name of Employer Milford Barrel Co. Inc.			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions 375.00	\$375.00	
Last Name Giannattasio	First Name Richard		MI	Method of Cash	contribution: X Personal Ch v Order Credit/Debi	0151	ion ID #	Amount of Contribution	
Residential Street Address 58 Ridge Rd		City West Haven		State CT	Zip Code 06516	Date Received 03/06/200			
Principal Occupation Secretary/Treasurer		Name of Employer Milford Barrel Co., Inc.			Is this contribution associat fundraising event listed in the If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions 375.00	\$375.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009	
		B. Itemized Contributi	ons fron	ı Individu	ials				
Last Name Giannattasio	First Name Richard		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0152	ion ID #	Amount of Contribution	
Residential Street Address 63 Stoneboat Rd	•	City Guilford		State CT	Zip Code 06437	Date Received 03/06/200			
Principal Occupation President		Name of Employer Milford Barrel Co Inc.			Is this contribution associat fundraising event listed in a If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob /es	byist?	Aggregate Contrib	utions 375.00	\$375.00	
Last Name Ferro	First Name Valarie		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	0134	ion ID #	Amount of Contribution	
Residential Street Address 88 Daventry Hill Rd		City Avon		State CT	Zip Code 06001	Date Received 03/06/200			
Principal Occupation Manager		Name of Employer Weston Solutions			Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob 7es X	byist?	Aggregate Contrib	utions 375.00	\$375.00	
Last Name Festa	First Name Vincent		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	0135	ion ID #	Amount of Contribution	
Residential Street Address 7 Carriage Dr		^{City} Terryville	•	State CT	Zip Code 06786	Date Received 03/06/200			
Principal Occupation Mayor		Name of Employer Town of Plymouth			Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	utions 100.00	\$100.00	
Last Name Ott	First Name John		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0258	ion ID #	Amount of Contribution	
Residential Street Address 85 Miner Hills Dr		City Middletown		State CT	Zip Code 06457	Date Received 03/06/200			
Principal Occupation Retired		Name of Employer None			Is this contribution associat fundraising event listed in the If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions 375.00	\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE]	FILING	DUE DATE	
Friends Of Susan 2010, Inc.							(Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	Method of	contribution:			ID //		
Palmer	Russell		1011	Cash X Personal Check			Contribution	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code Date Receiv					
90 Court St Fl 2		Middletown		СТ	06457	03	3/06/2009			
Principal Occupation Attorney		Name of Employer AJ Sprecher	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #					Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Yes X No Executive Legislative	t, spouse, or byist? No	Aggre	gate Contributio \$37	ons 5.00	\$375.00				
Last Name Carta	First Name Angelee		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0067	ID #	Amount of Contribution	
Residential Street Address 152 Saddle Hill Rd		City Manchester		State CT	Zip Code 06040		ate Received 3/06/2009			
Principal Occupation Physician		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggrey	gate Contributio \$25	ons 0.00	\$250.00	
Last Name Lacher	First Name Dorothy		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 432 4th St		City Brooklyn		State NY	Zip Code 11215		ate Received 3/06/2009			
Principal Occupation Fundraiser		Name of Employer Waxman Cancer Foundation			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob res	byist?	Aggre	gate Contributio \$37	ons 5.00	\$375.00	
Last Name Czarnik	First Name Joe		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0089	ID #	Amount of Contribution	
Residential Street Address 33 Fleetwood Dr	^{City} New Fairfield		State CT	Zip Code 06812		ate Received 3/06/2009				
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #					
Is contributor a principal of a state contractor or prospective Is contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Le										

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DUE I											
Friends Of Susan 2010, Inc.								(Origina	ıl 04/13/2009	
		B. Itemized	Contributio	ons from	Individu	ials					
Last Name Burrows	First Name Adam			MI	Cash	contribution: V Order Credit/De		Contribution I 0053	ID #	Amount of Contribution	
Residential Street Address 19 Swanswood Ln		City Old Lyme			State CT	Zip Code 06371		tte Received 3/06/2009			
Principal Occupation Sup. of Schools		Name of Employer Voluntown Board	d of Educatior	1		Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg	_		utor a lobbyist child of a lob es	byist?	Aggreg	ate Contributio \$100		\$100.00	
Last Name Desaulniers	First Name Pete			MI	Cash	contribution: V Order Credit/De		Contribution I 0101	ID #	Amount of Contribution	
Residential Street Address 26 Lucas Park Rd		City Norwich			State CT	Zip Code 06360		ite Received 3/06/2009			
Principal Occupation Safety Coordinator		Name of Employer Paul Dinto Elect	Cont			Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg			utor a lobbyist child of a lob es X	byist?	Aggreg	ate Contributio	ons 0.00	\$100.00	
Last Name Desaulniers	First Name Linda			MI	Cash	contribution: V Order		Contribution I 0102	ID #	Amount of Contribution	
Residential Street Address 26 Lucas Park Rd		City Norwich			State CT	Zip Code 06360		ite Received 3/06/2009			
Principal Occupation Therapy		Name of Employer ECRC				Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg		dependent	utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributio \$100	ons 0.00	\$100.00	
Last Name Abbott	First Name John			MI	Cash	contribution: X Personal v Order Credit/De		Contribution I	ID #	Amount of Contribution	
Residential Street Address 188 Mather St		City Hamden			State CT	Zip Code 06517	03	ate Received 3/06/2009			
Principal Occupation		Name of Employer Retired				Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Leg			utor a lobbyist child of a lob es	byist?	Aggreg	ate Contributio \$100	ons 0.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DUE											
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009	
		B. Itemiz	zed Contributio	ons from	ı Individu	ials					
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of	
Babb	James				Cash Money	V Order Credit/D	Check ebit Card	0020		Contribution	
Residential Street Address		City			State	Zip Code	E	ate Received			
35 Krystal Ln		Windsor			СТ	06095	C	3/06/2009	9		
Principal Occupation		Name of Employe Retired	er			Is this contribution asso fundraising event listed If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggre	egate Contribu \$1	tions .00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of	
Klaskin	Seth				Cash Money	V Order Credit/D	Check ebit Card	0203		Contribution	
Residential Street Address	-	City		-	State	Zip Code	D	ate Received			
130 Overbrook Rd		Madison			СТ	06443	0	3/06/2009)		
Principal Occupation State Manager		Name of Employe State of Conr				Is this contribution asso fundraising event listed If yes, list Event #		J1? L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggre	egate Contribu \$1	tions .00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of	
Klaskin	Robyn				Cash Money	/ Order Credit/D	Check ebit Card	0204		Contribution	
Residential Street Address		City			State	Zip Code	E	ate Received			
130 Overbrook Rd		Madison			СТ	06443	0	3/06/2009)		
Principal Occupation Attorney		Name of Employe Klaskin Law (Is this contribution asso fundraising event listed If yes, list Event #		J1? L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00	
government the contract is with:	First Name		Legislative	<u>м</u> і	I	contribution:		0.11.1			
Bowles	Timothy			NII .	Cash Money	× Personal	Check ebit Card	Contributio	on ID #	Amount of Contribution	
Residential Street Address	•	City		•	State	Zip Code	E	ate Received			
117 River Rd		Preston			СТ	06365	O	3/06/2009)		
Principal Occupation Medical Policy Consultant		Name of Employe Dept of Socia				Is this contribution asso fundraising event listed If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyist child of a lob	byist?	Aggre	egate Contribu \$1	tions	\$100.00	
government the contract is with:		Executive	Legislative	<u></u> Ч	res X	No					

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE	NAME OF COMMITTEE FILING DUE DATE											
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009		
		B. Ite	emized Contribution	ons from	ı Individu	ials						
Last Name	First Name			MI	MI Method of contribution:				on ID #			
Feldman	Adam				Cash X Personal Check Money Order Credit/Debit Card					Amount of Contribution		
Residential Street Address		City			State	Zip Code Date Rec						
246 Hammertown Rd		Monroe			СТ	06468	03	3/06/2009	9			
Principal Occupation Marketing Team Leader		Name of Em Suigals 8	ployer Partners, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				1? L	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	dependent	utor a lobbyis child of a lob Yes X	byist?	Aggre	gate Contribu \$1	ttions	\$100.00					
Last Name Murphy	First Name Kathleen			MI	X Cash	contribution: Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution		
Residential Street Address 53 Rowland Rd		^{City} Old Lyme			State CT	Zip Code 06371		ate Received 3/06/2009	Ð			
Principal Occupation Realtor		Name of Em Coldwell				Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob ⁷ es X	byist?	Aggre	gate Contribu \$	ttions	\$20.00		
Last Name Becotte	First Name Donna			MI	Cash	contribution: X Personal (y Order Credit/De		Contributio	on ID #	Amount of Contribution		
Residential Street Address 28 Storrs Heights Rd		City Storrs			State CT	Zip Code 06268		ate Received 3/06/2009	Ð			
Principal Occupation Union Organizer		Name of Em UAW	ployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es	byist?	Aggre	gate Contribu \$1	ttions	\$100.00		
Last Name Buzi	First Name Tom			MI	Cash	contribution: X Personal G y Order Credit/De		Contributio	on ID #	Amount of Contribution		
Residential Street Address 49 Richards Dr		City Monroe			State CT	Zip Code 06468		ate Received 3/06/2009	9			
Principal Occupation First Selectman			Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No						
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	If yes, list Event # Aggregate Contributions as contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or tate contractor? s yes, indicate which branch or branches of Function Legislation 4 and 5 a lobbyist? \$100.00											

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID #		
Rothman	Gayle			Coch X Personal Check			0281	II ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
1336 Newfield Ave		Stamford		СТ	06905		3/06/2009			
Principal Occupation Speech Language Pathologist		Name of Employer Eagle Hill School			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No									\$375.00	
Last Name Rothman	First Name Howard		МІ	Cash	contribution: X Personal C / Order Credit/Deb		Contribution	n ID #	Amount of Contribution	
Residential Street Address 4 High Ridge Park		City Stamford		State CT	Zip Code 06905		ate Received 3/06/2009	1		
Principal Occupation Executive		Name of Employer Vision Financial Markets LLC			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob res	byist?	Aggres	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Vitale	First Name Rocco		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution	
Residential Street Address 180 E Waterbury Rd		City Naugatuck		State CT	Zip Code 06770		ate Received 3/06/2009	-		
Principal Occupation Insurance Adjuster		Name of Employer The Hartford		<u> </u>	Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00	
Last Name Torrenti	First Name Richard		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0315	n ID #	Amount of Contribution	
Residential Street Address 5 Whippletree Ln		City Old Lyme		State CT	Zip Code 06371		ate Received 3/06/2009			
Principal Occupation Insurance Agent		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative										

		I. M	ONETARY RE	CEIPTS	6 (Section	n A-I)				
NAME OF COMMITTEE									FILINC	G DUE DATE
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009
		B. Ite	mized Contributi	ons from	Individu	ials				
Last Name Silvers	First Name Brett			MI	Method of contribution: Cash X Personal Check 0307 Money Order Credit/Debit Card					Amount of Contribution
Residential Street Address 61 Ledyard Rd		^{City} West Hart	ford		State CT	Zip Code 06117		ate Received 3/06/2009)	
Principal Occupation Chairman, President, & Ceo		Name of Em WorldBus	^{ployer} siness Capital, Inc.			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribu \$3	tions 75.00	\$375.00
Last Name Silvers	First Name Nancy			MI	Cash	contribution: X Personal (/ Order Credit/De		Contributio 0308	on ID #	Amount of Contribution
Residential Street Address 61 Ledyard Rd		^{City} West Hart	ford		State CT	Zip Code 06117		ate Received 3/06/2009)	
Principal Occupation N/A		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggres	gate Contribu \$3	tions 75.00	\$375.00
Last Name Workman	First Name Karen			MI	Cash	contribution: V Order		Contributio	on ID #	Amount of Contribution
Residential Street Address 238 Seymour Rd		City Woodbride	ge		State CT	Zip Code 06525		ate Received 3/06/2009)	
Principal Occupation NA		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contribu \$1	tions .00.00	\$100.00
Last Name Robertson	First Name Charles	-		MI	Cash	contribution: X Personal O / Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 20 Fenwick Ave Principal Occupation		City Old Saybr Name of Em			State CT	Zip Code 06475 Is this contribution associ	03	ate Received 3/10/2009	Yes	
Executive			Cruise Lines Inc.			fundraising event listed in If yes, list Event #		1? L	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contribu \$3	tions 375.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	Method of	contribution:			m #		
Robertson	Carol			Method of contribution: Cash X Personal Check 0279 Money Order Credit/Debit Card			Contribution 0279	1 ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
20 Fenwick Ave		Old Saybrook		СТ	06475		3/10/2009			
Principal Occupation Homemaker	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No						
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contributions Legislative Aggregate Contributions Yes X No Aggregate Contributions \$375.00									\$375.00	
Last Name Sahay	First Name Chittaranj	ian	MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0289	n ID #	Amount of Contribution	
Residential Street Address 170 E Opal Dr		City Glastonbury		State CT	Zip Code 06033		ate Received 3/10/2009			
Principal Occupation Engineer - Professor		Name of Employer University of Hartford			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contributi \$37	ions 75.00	\$375.00	
Last Name Augustyn	First Name Katie		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 0018	n ID #	Amount of Contribution	
Residential Street Address 7 Reimer Rd		City Westport		State CT	Zip Code 06880		ate Received 3/10/2009			
Principal Occupation Homemaker		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributi \$25	ions 50.00	\$250.00	
Last Name Blackburn	First Name Stuart		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0037	n ID #	Amount of Contribution	
Residential Street Address 131 Elm St		^{City} Windsor Locks		State CT	Zip Code 06096		ate Received 3/10/2009			
Principal Occupation Attorney		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Yes X No										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DUE										
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009
		B. Ite	mized Contributi	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Pia	Kenneth				Cash Money	y Order		0265		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
700 State St .		New Have	n		СТ	06511	0	3/10/2009)	
Principal Occupation Accountant		Name of Em Meyers, H	ployer Harrison, and Pia LLO	C		Is this contribution associ fundraising event listed in If yes, list Event #		11? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggre	gate Contribu \$3	tions 375.00	\$375.00
Last Name Levesque	First Name Roger			MI	Cash	contribution: X Personal of y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 12 Spindle Hill Rd .		City Wolcott		-	State CT	Zip Code 06716		ate Received 3/10/2009	9	
Principal Occupation		Name of Em	ployer			Is this contribution assoc			Yes	
Storage		Self				fundraising event listed in If yes, list Event #	1 Section J	1? X	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggre	gate Contribu \$3	tions 875.00	\$375.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Kudzy	Lynne	-			Cash Money	v Order Credit/De		0211		Contribution
Residential Street Address 303 Sawmill Rd		^{City} Stamford			State CT	Zip Code 06903		ate Received 3/12/2009	Ð	
Principal Occupation Marketing Executive		Name of Em HSC	ployer			Is this contribution assoc fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$3	tions 375.00	\$375.00
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
Halibozek	Philip	-			Cash Money	V Order Credit/De		0163		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
18 Cherokee Ct		Cromwell			СТ	06416		3/12/2009)	
Principal Occupation Law Enforcement		Name of Em State of (Is this contribution associ fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
government the contract is with:		Executive	Legislative	L Y	res X	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILINC	G DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Ite	mized Contributio	ons from	Individu	lals				
Last Name Bojnowski	First Name Joseph			MI	Cash	contribution: X Personal C v Order Credit/De		Contribution 0040	n ID #	Amount of Contribution
Residential Street Address 6 N Branch Rd		^{City} Newtown			State CT	Zip Code 06470		ate Received 3/12/2009		
Principal Occupation Owner		Name of Emp North Bra	ployer nch Resources, Inc.			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$50.00
Last Name Bojnowski	First Name Joseph			MI	Cash	contribution: X Personal C v Order Credit/De		Contribution 0041	n ID #	Amount of Contribution
Residential Street Address 6 N Branch Rd		City Newtown			State CT	Zip Code 06470		ate Received 3/12/2009	1	
Principal Occupation Owner		Name of Em North Bra	^{ployer} nch Resources, Inc.			Is this contribution associ fundraising event listed ir If yes, list Event #		$_{1?}$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$50.00
Last Name Bove	First Name Sandra			MI	Cash	contribution: V Order		Contribution 0044	n ID #	Amount of Contribution
Residential Street Address PO Box 259		^{City} Dayville			State CT	Zip Code 06241		ate Received 3/12/2009	1	
Principal Occupation Retired		Name of Emp None	ployer		-	Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name Colon	First Name Russell			MI	Cash	contribution: X Personal Q v Order Credit/De		Contribution 0082	n ID #	Amount of Contribution
Residential Street Address 66 Erna Ave		City Milford			State CT	Zip Code 06461	03	ate Received 3/12/2009		
Principal Occupation President		Name of Emp Colonial C				Is this contribution associ fundraising event listed in If yes, list Event #		$_{1?}$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	Mathod of	contribution:			ID #		
	Maria		1411	Cash	V Order Credit/Deb		Contribution 0007	n ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
1836 Noble Ave		Bridgeport		СТ	06610	03	3/12/2009			
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Attorney Self-employed If yes, list Event #								Yes No		
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions \$\$375.00 Is yes, indicate which branch or branches of acovernment the contract is with: Executive Legislative Is contributor a lobbyist? Aggregate Contributions \$\$375.00									\$375.00	
	First Name Bettina	1	MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0047	n ID #	Amount of Contribution	
Residential Street Address 155 Boston Post Rd		City Madison		State CT	Zip Code 06443		ate Received 3/12/2009			
Principal Occupation Flagmaker		Name of Employer Self		-	Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contribut: \$!	ions 50.00	\$50.00	
	First Name Giri		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0003	n ID #	Amount of Contribution	
Residential Street Address 22 Hampden Cir		City Simsbury		State CT	Zip Code 06070		ate Received 3/12/2009			
Principal Occupation President		Name of Employer R&D Dynamics Corporation			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor or state contractor? Is yes, indicate which branch or branches of government the contract is with:	prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$2!	ions 50.00	\$250.00	
	First Name Howard		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0275	n ID #	Amount of Contribution	
Residential Street Address 67 Deer Run Rd		^{City} Woodbridge		State CT	Zip Code 06525		ate Received 3/12/2009			
Principal Occupation Engineer		Name of Employer Rome Fastener Corp.			Is this contribution associa fundraising event listed in If yes, list Event #		1? ப	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions dependent child of a lobbyist? Is system the contract is with: Executive Legislative Yes No										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DUE DAT										
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009
		B. Item	ized Contribution	ons from	Individu	ials		•		
Last Name Dobrich	First Name Fulvio			MI	MI Method of contribution: Cash X Personal Check Money Order Credit/Debit Card				n ID #	Amount of Contribution
Residential Street Address 21 Baker Ave		^{City} Westport			State CT	Zip Code 06880		ate Received 3/12/2009	1	
Principal Occupation Investment Management		Name of Emplo Gauled Ass	^{oyer} et Management			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00
Last Name Yagaloff	First Name Keith			MI	Cash	contribution: X Personal (/ Order Credit/De		Contribution 0340	n ID #	Amount of Contribution
Residential Street Address 65 Pheasant Way		^{City} South Wind	sor		State CT	Zip Code 06074		ate Received 3/13/2009		
Principal Occupation Attorney		Name of Emplo Keith Yagal	-			Is this contribution associ fundraising event listed in If yes, list Event #		$_{1?}$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$10	tions 00.00	\$100.00
Last Name Jaff	First Name Jennifer			MI	Cash	contribution: V Order		Contribution 0186	n ID #	Amount of Contribution
Residential Street Address 18 Timberline Dr		^{City} Farmington			State CT	Zip Code 06032		ate Received 3/13/2009	1	
Principal Occupation Attorney		Name of Emplo Advocacy for Illness INC	or Patients with Ch	nronic		Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contribut \$2	tions 50.00	\$250.00
Last Name Lenegan	First Name James			MI	Cash	contribution: X Personal O / Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 12 Margaret Dr Principal Occupation		City Broad Brool			State CT	Zip Code 06016 Is this contribution associ	03	ate Received 3/13/2009		
Retired		Name of Emplo	-	ī		fundraising event listed in If yes, list Event #		$_{1?}$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	Is yes, indicate which branch or branches of								tions 25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE FILING								G DUE DATE	
Friends Of Susan 2010, Inc. Origin								al 04/13/2009	
B. Itemized Contributions from Individuals									
Last Name	First Name		МІ	Mathad of	contribution:				
Dove	Henry		MI	Cash	V Order Credit/Deb		0109		Amount of Contribution
Residential Street Address City		City		State Zip Code		Da	Date Received		
137 Santa Fe Ave		Hamden		СТ	06517		03/13/2009		
Principal Occupation Health Care Consultant		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contribut \$	tions 50.00	\$50.00
Last Name Ansell	First Name Denise		МІ	Cash	contribution: X Personal C / Order Credit/Deb	0014			Amount of Contribution
Residential Street Address 94 Broad St				State CT	Zip Code 06320	Date Received 03/13/2009			
Principal Occupation Attorney		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No			Aggregate Contributions \$375.00			\$375.00	
Last Name Blaszczynski	First Name Andre		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 8 Luis Rd		City Kensington		State CT	Zip Code 06037		ate Received 3/13/2009		
Principal Occupation College Professor		Name of Employer Tunxis Community College			Is this contribution associa fundraising event listed in If yes, list Event #	ated with a	a 🔲	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$2	tions 50.00	\$250.00
Last Name Bysiewicz	First Name Nancy		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	n ID #	Amount of Contribution
Residential Street Address 124 S Plumb Rd		City Middletown		State CT	Zip Code 06457		ate Received 3/13/2009		
Principal Occupation Retired		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor or prospective Yes X No state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No			gate Contribut \$3	\$375.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009			
		B. Itemized Contributi	ons from	ı Individu	ials						
Last Name Casazza	First Name Titus		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0068	ion ID #	Amount of Contribution			
Residential Street Address 165 Grandview Dr	•	City Glastonbury		State CT	Zip Code 06033	Date Received 03/13/200					
Principal Occupation Business Owner		Name of Employer L E Systems Inc.			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions	\$375.00			
Last Name Cirillo	First Name Eileen		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0078	ion ID #	Amount of Contribution			
Residential Street Address 59 Penny Ln		City Woodbridge		State CT	Zip Code 06525	Date Received 03/18/200					
Principal Occupation Homemaker		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions 375.00	\$375.00			
Last Name Cirillo	First Name Frank		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0079	ion ID #	Amount of Contribution			
Residential Street Address 59 Penny Ln		^{City} Woodbridge		State CT	Zip Code 06525	Date Received 03/18/200					
Principal Occupation Attorney		Name of Employer Moss and Cirillo			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	outions 375.00	\$375.00			
Last Name Bassett	First Name Glenn		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0026	ion ID #	Amount of Contribution			
Residential Street Address 103 Shore Dr		City Old Lyme		State CT	Zip Code 06371	Date Received 03/18/200					
Principal Occupation		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo				
Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: $ \begin{array}{ccccccccccccccccccccccccccccccccccc$											

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE	NAME OF COMMITTEE FILING DUE DAT											
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009			
		B. Itemized Contribution	ons from	Individu	ials							
Last Name	First Name		MI	Method of	contribution:		Contributio	n ID #				
Bell	Christine			Cash	Cash X Personal Check Money Order Credit/Debit Card			II ID #	Amount of Contribution			
Residential Street Address		City		State	Zip Code		ate Received					
124 Suffolk Rd		Wellesley		MA	02481		3/18/2009	-				
Principal Occupation Medical Librarian		Name of Employer Newton- Wellesley Hospital			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$3	tions 75.00	\$375.00			
Last Name Bell	First Name Ernest		МІ	Cash	contribution: X Personal C / Order Credit/Deb		Contributio 0032	n ID #	Amount of Contribution			
Residential Street Address		City		State	Zip Code		ate Received					
124 Suffolk Rd		Wellesley		MA	02481		3/18/2009		ľ			
Principal Occupation Electrical Engineer		Name of Employer Waters Corporation			Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$3	tions 50.00	\$350.00			
Last Name Connolly	First Name Susan		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contributio 0083	n ID #	Amount of Contribution			
Residential Street Address		City		State	Zip Code	Da	ate Received					
12 Worthington Rd		New London		СТ	06320	03	3/18/2009)				
Principal Occupation Attorney		Name of Employer Asselin & Connolly			Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$3	tions 75.00	\$375.00			
Last Name Farman	First Name Edward		MI	Cash	contribution:		Contributio 0129	n ID #	Amount of Contribution			
Residential Street Address 311 Ferry Rd # 1 Principal Occupation		City Old Lyme Name of Employer Retired	I	State CT	/ Order Credit/Det Zip Code 06371 Is this contribution associa fundraising event listed in	Da 03 ated with a	1?	Yes				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of executive Legislative Legislative Legislative Yes X No									\$50.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DU											
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009			
		B. Itemized Contribu	tions fron	n Individu	ials						
Last Name Hemphill	First Name James		MI	Cash	contribution: X Personal C y Order Credit/Deb	0173	ion ID #	Amount of Contribution			
Residential Street Address 261 Cavan Ln	•	City Glastonbury		State CT	Zip Code 06033	Date Receive 03/18/200					
Principal Occupation Deportation Officer Asst.		Name of Employer BICE/DHS			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		outor a lobbyis t child of a lob Yes	byist?	Aggregate Contril	outions 375.00	\$375.00			
Last Name Leinwand	First Name Steven	_	МІ	Cash	contribution: X Personal C y Order Credit/Deb	0221	ion ID #	Amount of Contribution			
Residential Street Address 675 E St NW		^{City} Washington		State DC	Zip Code 20004	Date Receive 03/18/200					
Principal Occupation Educator		Name of Employer American Institute for Rese	arch		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes XNo				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contril	outions 375.00	\$375.00			
Last Name Hamilton	First Name Marie		MI	Cash	contribution: X Personal C y Order Credit/Deb	0164	ion ID #	Amount of Contribution			
Residential Street Address 73 Gilman St		City Hartford		State CT	Zip Code 06114	Date Receive 03/18/200					
Principal Occupation		Name of Employer Retired		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contril	outions \$25.00	\$25.00			
Last Name Hamilton	First Name Kenneth		MI	Cash	contribution: X Personal C y Order Credit/Deb	0165	ion ID #	Amount of Contribution			
Residential Street Address 73 Gilman St		City Hartford		State CT	Zip Code 06114	Date Receive 03/18/200					
Principal Occupation		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor or prospective Is contractor? Is yes, indicate which branch or branches of government the contract is with: Is preserved by the state of the state								\$10.00			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009
		B. Ite	emized Contributio	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Adinolfi	Justin	1			Cash Money	Cash X Personal Check 000 Money Order Credit/Debit Card				Contribution
Residential Street Address		City			State	Zip Code		ate Received		
30 N Pond Rd		Cheshire			СТ	06410		3/18/2009	, 	
Principal Occupation Consultant		Name of Er Technolo	nployer ogy Resource Solutior	ns, Inc.		Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es	byist?	Aggre	gate Contribu \$3	itions 375.00	\$375.00
Last Name Marcus	First Name Edward	i		MI	Cash	contribution: X Personal of y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 100 Stony Creek Rd		City Branford			State CT	Zip Code 06405		ate Received 3/18/2009	Ð	
Principal Occupation Attorney		Name of Er Marcus L			•	Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggre	gate Contribu \$3	itions 375.00	\$375.00
Last Name Marcus	First Name Jill			MI	Cash	contribution: X Personal (y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 100 Stony Creek Rd		City Branford			State CT	Zip Code 06405		ate Received 3/18/2009	Ð	
Principal Occupation Retired		Name of Er Retired	nployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ′es X	byist?	Aggre	gate Contribu \$3	itions 375.00	\$375.00
Last Name Fitzgerald	First Name Timothy			MI	Cash	contribution: X Personal (y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 1124 Windsor Ave		City Windsor			State CT	Zip Code 06095		ate Received 3/18/2009	Ð	
Principal Occupation Attorney		Name of Er Dwyer, S	^{nployer} Sheridan & Fitzgerald		•	Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor or prospective Is contractor? Is yes, indicate which branch or branches of government the contract is with: Is with: Is contractive Is principal of a state contractor? Is yes, indicate which branch or branches of government the contract is with: Is contractive Is principal of a state contractor? Is yes, indicate which branch or branches of government the contract is with: Is principal of a state contractor? Is yes, indicate which branch or branches of government the contract is with: Is principal of a state contractor? Is yes, indicate which branch or branches of Is principal of a state contractor? Is yes, indicate which branch or branches of Is principal of a state contractor? Is principal of a state							ttions	\$100.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE								FILING	DUE DATE		
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009		
		B. Itemized Contribution	ons from	Individu	als						
Last Name	First Name		MI	1	contribution:						
Jackson	Scott		MI	Cash	V Order Credit/Deb		Contribution 0182	ID#	Amount of Contribution		
Residential Street Address		City		State	Zip Code	Da	ate Received				
265 Gorham Ave		Hamden		СТ	06514	03	3/18/2009				
Principal Occupation C.A.O.		Name of Employer Town of Hamden			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggre	gate Contributio \$10	ons 00.00	\$100.00		
Last Name Sarantopoulos	First Name Nicholas		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution 0297	ID #	Amount of Contribution		
Residential Street Address 89 Barrett Hill Rd		City Brooklyn		State CT	Zip Code 06234		ate Received 3/18/2009				
Principal Occupation Attorney		Name of Employer Sarantopoulos & Sarantopoulo	os	•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributio \$37	^{ons} 75.00	\$375.00		
Last Name Robinson	First Name Thomas		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0280	ID #	Amount of Contribution		
Residential Street Address 31 Tonica Spring Trl		City Manchester		State CT	Zip Code 06040		ate Received 3/20/2009				
Principal Occupation Attorney		Name of Employer Penny, Botticello, O'Brien, PC		I	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributio \$10	ons)0.00	\$100.00		
Last Name Sullivan	First Name Callie		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0313	ID #	Amount of Contribution		
Residential Street Address 118 5 Mile River Rd		^{City} Darien		State CT	Zip Code 06820		ate Received 3/20/2009				
Principal Occupation Publisher		Name of Employer Westwood Press, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative Aggregate Contributions (\$350.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							I	FILING	DUE DATE		
Friends Of Susan 2010, Inc.							(Origina	al 04/13/2009		
		B. Itemized Contribution	ons from	Individu	als						
Last Name	First Name		MI	Method of	contribution:		Contribution	ID #			
Booth	Richard			Cash Money	V Order Personal C Credit/Deb		0042	10 "	Amount of Contribution		
Residential Street Address		City		State	Zip Code		ate Received				
1 State St		Hartford		СТ	06103	0	3/20/2009				
Principal Occupation Chairman		Name of Employer HSB Group			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributio \$37	ons '5.00	\$375.00		
Last Name Gill	First Name Michael		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution		
Residential Street Address		City		State	Zip Code		ate Received				
25 W Ridge Rd		New Fairfield		СТ	06812		3/20/2009				
Principal Occupation Retail Sales		Name of Employer Gill Retail Services Inc			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggre	gate Contributio \$150	ons 50.00	\$150.00		
Last Name Federman	First Name David		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution		
Residential Street Address 5 Wyeth Dr		City Bloomfield		State CT	Zip Code 06002		ate Received 3/20/2009				
Principal Occupation Accountant		Name of Employer Federman Lally & Remis		I	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributio \$37	ons '5.00	\$375.00		
Last Name Ellant	First Name Jody		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution		
Residential Street Address 67 Deer Run Rd		City Woodbridge		State CT	Zip Code 06525		ate Received 3/20/2009				
Principal Occupation Attorney		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #						
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: Legislative Legislative Legislative Aggregate Contributions (\$375.00		

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE	NAME OF COMMITTEE FILING DUE DATE											
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009			
		B. Itemized Contribution	ons from	Individu	als							
Last Name	First Name		MI	Method of	contribution:		Contribution					
Anagnos	Janet		1VII	Cash				n ID #	Amount of Contribution			
Residential Street Address		City		State	Zip Code		ate Received					
321 Clark Hill Rd		South Glastonbury		СТ	06073		3/20/2009		•			
Principal Occupation Homemaker		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No				
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$3	tions 75.00	\$375.00			
Last Name Anagnos	First Name John		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0011	n ID #	Amount of Contribution			
Residential Street Address 321 Clark Hill Rd		City South Glastonbury		State CT	Zip Code 06073		ate Received 3/20/2009					
Principal Occupation Seafood Distributor		Name of Employer City Fish Market			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No				
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggres	gate Contribut \$3	tions 75.00	\$375.00			
Last Name Andrade	First Name Robert		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0013	n ID #	Amount of Contribution			
Residential Street Address 61 Parker Ave N		City Meriden		State CT	Zip Code 06450		ate Received 3/20/2009	1				
Principal Occupation Architect		Name of Employer Andrade Architects LLC		<u></u>	Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No				
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00			
Last Name McKinney	First Name Fred		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0241	n ID #	Amount of Contribution			
Residential Street Address 4133 Whitney Ave		City Hamden		State CT	Zip Code 06518		ate Received 3/20/2009					
Principal Occupation Executive		Name of Employer GNESMDC			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legisla								\$250.00				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009		
		B. Itemized Contributi	ons fron	ı Individu	ials					
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID #	Amount of		
Favreau	Pamela			Cash Money	V Order Credit/Debi	0130		Contribution		
Residential Street Address		City		State	Zip Code	Date Received	1			
30 Lafayette Sq		Vernon		СТ	06066	03/20/200	19			
Principal Occupation Attorney		Name of Employer Self-employed		•	Is this contribution associat fundraising event listed in t If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	outions 375.00	\$375.00		
Last Name DellaCamera	First Name Christina		MI	Cash	contribution: X Personal Cł / Order Credit/Debi	0100	ion ID #	Amount of Contribution		
Residential Street Address 461 5th Ave		City New York		State NY	Zip Code 10017	Date Received				
Principal Occupation Marketing and Investor Relations		Name of Employer DellaCamera Capital Manage LLC	ment,		Is this contribution associat fundraising event listed in t If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions	\$375.00		
Last Name DeLaney	First Name Peter		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	0098	ion ID #	Amount of Contribution		
Residential Street Address 125 Clinton Dr	•	City South Windsor		State CT	Zip Code 06074	Date Received				
Principal Occupation CPA		Name of Employer Self		•	Is this contribution associat fundraising event listed in a If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Contrib	outions 375.00	\$375.00		
Last Name Brady	First Name Francis		MI	Cash	contribution: X Personal Cł / Order Credit/Debi	0046	ion ID #	Amount of Contribution		
Residential Street Address 14 Thronebrook Rd	•	City West Granby	•	State CT	Zip Code 06090	Date Received 03/23/200	9			
Principal Occupation Attorney		Name of Employer Murtha, Cullina, Richter & Piu	ney		Is this contribution associat fundraising event listed in t If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	outions 375.00	\$375.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009
		B. Iter	nized Contributio	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Knight	George				Cash Money	V Order Credit/De		0205		Contribution
Residential Street Address		City			State	Zip Code	Da	ate Received		
798 Chapel St		New Haver	1		СТ	06510	03	3/23/2009)	
Principal Occupation Architect		Name of Emp Knight Arc				Is this contribution assoc fundraising event listed in If yes, list Event #		11? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$3	tions 375.00	\$375.00
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
Barnes	Susan				Cash Money	V Order Credit/De		0022		Contribution
Residential Street Address 99 Todds Hill Rd		City Branford			State CT	Zip Code 06405		ate Received 3/23/2009	9	
Principal Occupation		Name of Emp	lover			Is this contribution assoc			1	
		Retired	loyer			fundraising event listed in If yes, list Event #		11? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Cosgrove	Daniel				Cash Money	V Order Credit/De		0086		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
99 Todds Hill Rd		Branford			СТ	06405	03	3/23/2009)	
Principal Occupation		Name of Emp	_{loyer} Construction			Is this contribution assoc fundraising event listed in		L1?	Yes	
Retired		Cosgrove	Construction			If yes, list Event #		x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$3	tions 375.00	\$375.00
government the contract is with:		Executive	Legislative		r			<u> </u>		
Last Name Anderson	First Name Stephen			MI	Cash	v Order		Contributio	on ID #	Amount of Contribution
Residential Street Address	I	City		1	State	Zip Code	D	ate Received		
518 Margarite Rd		Middletown	1		СТ	06457	03	3/23/2009)	
Principal Occupation Retired		Name of Emp Retired	loyer			Is this contribution assoc fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	[Yes X No		utor a lobbyist child of a lob	-	Aggre	gate Contribu	tions	\$200.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	 	res X	No		φz		<i>4200.00</i>

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID #		
Greenberg	Glen			Cash	V Order Credit/Deb		0160	II ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
33 Wyngate Dr		Avon		СТ	06001		3/23/2009		•	
Principal Occupation Aerospace Overhaul and Repair		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event #		1? 브	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Liska	First Name Joan		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0227	n ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
467R Kelsey St		Middletown		СТ	06457		3/23/2009		•	
Principal Occupation Insurance		Name of Employer Guilford Spec Grp			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggres	gate Contribut \$1	tions 00.00	\$100.00	
Last Name Tillman	First Name Wanda		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0314	n ID #	Amount of Contribution	
Residential Street Address 925 River Rd		City Mystic		State CT	Zip Code 06355		ate Received 3/23/2009	-		
				СГ	Is this contribution associa			1		
Principal Occupation Self		Name of Employer Self			fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor o state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Greene	First Name Mathew		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0161	n ID #	Amount of Contribution	
Residential Street Address 99 Lower Blvd		City New London		State CT	Zip Code 06320		ate Received 3/23/2009	1		
Principal Occupation Probate Judge		Name of Employer N.L. Probate Court			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislativ								\$100.00		

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I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE]	FILING	DUE DATE		
Friends Of Susan 2010, Inc.							(Origina	al 04/13/2009		
		B. Itemized Contribution	ons from	Individu	als						
Last Name	First Name		MI	Method of	contribution:		Contribution	ID #			
Marotti	Gerald			Cash	V Order Credit/Deb		0234	ID #	Amount of Contribution		
Residential Street Address		City		State	Zip Code	Da	ate Received				
17 N Plains Industrial Rd		Wallingford		СТ	06492	03	3/23/2009				
Principal Occupation President		Name of Employer Bricklayers and Allied Crafts 1	L		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contributio \$10	ons 10.00	\$100.00		
Last Name Cantafio	First Name Armand		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution 0060	ID #	Amount of Contribution		
Residential Street Address 455 Bic Dr		City Milford		State CT	Zip Code 06461		ate Received 3/23/2009				
Principal Occupation President		Name of Employer Northeast Electronics Corp.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob res	byist?	Aggre	gate Contributio \$37	ons '5.00	\$375.00		
Last Name Seidman	First Name Sandy		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution		
Residential Street Address 29 Second Ave		City Westbrook		State CT	Zip Code 06498		ate Received 3/23/2009				
Principal Occupation Importer		Name of Employer Safety Zone, LLC		I	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggres	gate Contributio \$37	ons '5.00	\$375.00		
Last Name Farina	First Name Michael		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0128	ID #	Amount of Contribution		
Residential Street Address 27 Huntington St		City Manchester		State CT	Zip Code 06040		ate Received 3/23/2009				
Principal Occupation Professor		Name of Employer Yale University			Is this contribution associa fundraising event listed in If yes, list Event #						
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions									\$250.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009		
		B. Itemized Contribut	tions fron	ı Individu	ials					
Last Name Santangelo	First Name Elisabeth		MI	Cash	contribution: X Personal C / Order Credit/Deb	0293	ion ID #	Amount of Contribution		
Residential Street Address 11 Prospect St		City Middletown		State CT	Zip Code 06457	Date Received 03/23/200				
Principal Occupation Self		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		outor a lobbyis t child of a lob í es	byist?	Aggregate Contrib	utions \$50.00	\$50.00		
Last Name Russell	First Name Philip	-	MI	X Cash	contribution: Personal C / Order Credit/Deb	0285	ion ID #	Amount of Contribution		
Residential Street Address PO Box 1437		City Greenwich		State CT	Zip Code 06836	Date Received				
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependen	outor a lobbyis t child of a lob í es X	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Young	First Name Robert		MI	Cash	contribution: X Personal C / Order Credit/Deb	0343	ion ID #	Amount of Contribution		
Residential Street Address 502 Whetstone MIs		^{City} Dayville		State CT	Zip Code 06241	Date Received				
Principal Occupation Attorney		Name of Employer Law Office of Robert Young			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contrib	utions 375.00	\$375.00		
Last Name Donaldson	First Name David		MI	Cash	contribution: X Personal C / Order Credit/Deb	0107	ion ID #	Amount of Contribution		
Residential Street Address 125 Clover St		City Middletown		State CT	Zip Code 06457	Date Received 03/24/200				
Principal Occupation Insurance Agent		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative		outor a lobbyis t child of a lob í es X	byist?	Aggregate Contrib	utions 375.00	\$375.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Ite	emized Contribution	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #	Amount of
Diamond	Mark	-			Cash Money	y Order Credit/De		0103		Contribution
Residential Street Address		City			State	Zip Code	Da	ate Received		
24 West Trl		Stamford			СТ	06903	03	3/24/2009		
Principal Occupation Name of Employer Attorney Self						Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00
Last Name Order	First Name Richard			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 23 Banks Rd		City Simsbury			State CT	Zip Code 06070		te Received 3/24/2009	1	
Principal Occupation		Name of En				Is this contribution associ		<u> </u>		
Attorney			eltrop & Harkriden			fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es X	byist?	Aggreg	gate Contribut \$3	tions 75.00	\$375.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #	Amount of
Jennings	Richard				Cash Money	y Order Credit/De		0190		Contribution
Residential Street Address 54 Pond St		City New Have	en		State CT	Zip Code 06511		ate Received 3/24/2009		
Principal Occupation		Name of En	ıployer			Is this contribution associ	ated with a	1 T	Yes	
Drug Testing		Self				fundraising event listed in If yes, list Event #	1 Section J1	1? x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 7es X	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID #	Amount of
Redlich	Karen				Cash Money	y Order Credit/De		0273		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
15 Island Ave		Madison			СТ	06443	03	3/24/2009		
Principal Occupation Adjunct Professor / Lawyer		Name of En Universit Universit	y of New Haven / Qu	uinnipiac		Is this contribution associ fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob ⁷ es X	byist?	Aggreg	gate Contribut \$2	tions 50.00	\$250.00
government the contract is with:		Executive	Legislative		es 🔺	INO				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							I	FILING	DUE DATE	
Friends Of Susan 2010, Inc.							(Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	Method of	contribution:		Gentribution	ID #		
Treibick	Richard		1911	Cash	V Personal C V Order Credit/Det		Contribution	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	D	ate Received			
21 Topping Rd		Greenwich		СТ	06831	0	3/24/2009			
Principal Occupation Executive		Name of Employer Alexcom, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective $\ \ Yes \ X \ No$ Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions \$375.00 sources of the contract is with:									\$375.00	
Last Name Gale	First Name Howard		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 25 Waters Edge Way		City Ridgefield		State CT	Zip Code 06877		ate Received 3/24/2009			
Principal Occupation Manager		Name of Employer AeECOM USA, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contributio \$37	ons 5.00	\$375.00	
Last Name Golas	First Name Adam		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 168 Batterson Point Rd		City Farmington		State CT	Zip Code 06032		ate Received 3/24/2009			
Principal Occupation Owner		Name of Employer Zag Magazine & Tool			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contributio \$37	ons 5.00	\$375.00	
Last Name Becker	First Name Andrew		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 162 West St .		City Cromwell		State CT	Zip Code 06416		ate Received 3/24/2009			
Principal Occupation Attorney		Name of Employer American Hardwood Industrie	es, Inc.		Is this contribution associa fundraising event listed in If yes, list Event #					
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: Executive Legislative									\$375.00	

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009	
		B. Itemized Contributi	ons from	ı Individu	ials				
Last Name Bergamo	First Name Mark		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	0034	ion ID #	Amount of Contribution	
Residential Street Address 149 Laurel St	•	^{City} West Haven	·	State CT	Zip Code 06516	Date Received 03/24/200			
Principal Occupation Attorney		Name of Employer The Marcus Law Firm			Is this contribution associat fundraising event listed in the If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob res	byist?	Aggregate Contrib	utions 375.00	\$375.00	
Last Name Cavallaro	First Name Rita		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	0070	ion ID #	Amount of Contribution	
Residential Street Address 18 Stonehill Rd		City Rocky Hill		State CT	Zip Code 06067	Date Received			
Principal Occupation Vice President		Name of Employer Airport Rd. Auto Body			Is this contribution associal fundraising event listed in 5 If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	utions 375.00	\$375.00	
Last Name Cavallaro	First Name Antonio		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	0071	ion ID #	Amount of Contribution	
Residential Street Address 18 Stonehill Dr		City Rocky Hill		State CT	Zip Code 06067	Date Received			
Principal Occupation President		Name of Employer Airport Auto Body			Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions 375.00	\$375.00	
Last Name Capobianco	First Name Thomas		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	0061	ion ID #	Amount of Contribution	
Residential Street Address 16 Beechwood Rd		City Branford		State CT	Zip Code 06405 Is this contribution associat	Date Received 03/24/200	9		
Principal Occupation Sales		Name of Employer HAFSCO	i		fundraising event listed in a If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions 375.00	\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE]	FILING	DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
	[ſ	1			T	1		
Last Name Capobianco	First Name Cynthia		MI	Cash	contribution: X Personal C / Order Credit/Del		Contribution 0062	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	D	ate Received			
16 Beechwood Rd		Branford		СТ	06405	03	3/24/2009			
Principal Occupation Controller		Name of Employer HAFSCO			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislati									\$375.00	
Last Name DellaCamera	First Name Frances		MI	Cash	contribution: X Personal C / Order Credit/Det		Contribution 0099	ID #	Amount of Contribution	
Residential Street Address 11 Mill Brook Rd W		City Stamford		State CT	Zip Code 06902		ate Received 3/24/2009			
Principal Occupation RN		Name of Employer Stamford Family Practice		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributio \$37	ons 5.00	\$375.00	
Last Name Dupont	First Name Ralph		MI	Cash	contribution: X Personal C / Order Credit/Det		Contribution 0111	ID #	Amount of Contribution	
Residential Street Address 14 Peter's Ln		City Pound Ridge		State NY	Zip Code 10576		ate Received 3/24/2009			
Principal Occupation Attorney		Name of Employer The Dupont Law Firm, LLP		I	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributic \$37	ons 5.00	\$375.00	
Last Name Dupont	First Name Barbara		MI	Cash	contribution: X Personal C / Order Credit/Det		Contribution 0112	ID #	Amount of Contribution	
Residential Street Address 14 Peters Ln		City Pound Ridge		State NY	Zip Code 10576		ate Received 3/24/2009			
Principal Occupation Lawyer		Name of Employer The Dupont Law Firm, LLP			Is this contribution associa fundraising event listed in If yes, list Event #					
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: Legislative Leg										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
Last Name	First Name		MI	Method of	contribution:		Contribution	» ID #		
Cipriani	Paul			Cash	V Order Credit/Deb		0077	II ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
57 Salt Rock Rd		Baltic		СТ	06330		3/24/2009			
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		1? □	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution ID #								\$375.00		
Last Name Ellovich	First Name Jack		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0119	n ID #	Amount of Contribution	
Residential Street Address 1 Gold St # 5E		City Hartford		State CT	Zip Code 06103		ate Received 3/25/2009			
					Is this contribution associa					
Principal Occupation Name of Employer Is this contribut Certified Public Accountant Jack Ellovich, CPA, LLC fundraising eve If yes, list Even If yes, list Even							1? L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggres	gate Contribut	ions 75.00	\$375.00	
Last Name Eisenhandler	First Name Noah		MI	Cash	contribution: Personal C Order X Credit/Deb		Contribution 0114	n ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
1164 Townsend Ave		New Haven		СТ	06512	03	3/25/2009			
Principal Occupation Attorney		Name of Employer Self-employed	-		Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es	byist?	Aggre	gate Contribut \$3	ions 75.00	\$375.00	
Last Name Eitvydas	First Name Jim		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0115	n ID #	Amount of Contribution	
Residential Street Address 94 Pine Hill Rd		^{City} Burlington		State CT	Zip Code 06013		ate Received 3/25/2009			
Principal Occupation Automobile Recycler		Name of Employer Tom's Foreign Auto Parts			Is this contribution associa fundraising event listed in If yes, list Event #		1? Ľ	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg									\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
	E O			1			1	1		
Last Name Eitvydas	First Name Diane		MI	Cash	contribution: V Order Credit/Deb		Contribution 0116	ID#	Amount of Contribution	
Residential Street Address		City		State	Zip Code	D	ate Received			
94 Pine Hill Rd		Burlington		СТ	06013	0	3/25/2009			
Principal Occupation Bookkeeper		Name of Employer Tom's Foreign Auto Parts			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
government the contract is with:								^{ons} 75.00	\$375.00	
Last Name Dahlem	First Name Michael		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution 0091	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
92 Pierce Blvd		Windsor		СТ	06095		3/25/2009			
Principal Occupation Client Executive	Name of Employer IBM Corporation			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributio \$37	^{ons} 75.00	\$375.00	
Last Name Dahlem	First Name Lauri		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0092	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
92 Pierce Blvd		Windsor		СТ	06095		3/25/2009			
Principal Occupation Rep		Name of Employer Hallmark			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributio \$12	ons 25.00	\$125.00	
Last Name Caron	First Name William		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0064	ID #	Amount of Contribution	
Residential Street Address 71 Dairy Hl		City Uncasville	•	State CT	Zip Code 06382	03	ate Received 3/25/2009			
Principal Occupation Foreman VP		Name of Employer WR Allen			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Aggregate Contributions terms and the contract is with: Aggregate Contributions terms and terms and te									\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	1	contribution:		L			
Chiarelli	Maria		MI	Cash	V Order Credit/Deb		Contribution 0075	ID#	Amount of Contribution	
Residential Street Address		City		State	Zip Code	D	ate Received			
2714 Whitney Ave		Hamden				3/25/2009				
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
government the contract is with:								^{ons} 75.00	\$375.00	
Last Name Miller	First Name George		MI	Cash	contribution: Personal C Order X Credit/Deb		Contribution 0245	ID #	Amount of Contribution	
Residential Street Address 3 Dogwood Rd		City North Branford		State CT	Zip Code 06471		ate Received 3/25/2009			
Principal Occupation Training Programs Manager	Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributio \$37	^{ons} 75.00	\$375.00	
Last Name Parda	First Name John		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 0261	ID #	Amount of Contribution	
Residential Street Address 3 Pine Dr		City Broad Brook		State CT	Zip Code 06016		ate Received 3/25/2009			
Principal Occupation Chief Loan Officer		Name of Employer New England Bank		I	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributio \$25	ons 50.00	\$250.00	
Last Name Perkins	First Name Patricia		MI	Cash	contribution: Personal C v Order X Credit/Deb		Contribution 0264	ID #	Amount of Contribution	
Residential Street Address 28 Sedgwick Rd		City West Hartford		State CT	Zip Code 06107		ate Received 3/25/2009			
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative Leg									\$250.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							F	FILING	DUE DATE	
Friends Of Susan 2010, Inc.							C	Origina	ul 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
L and Name	Einst Name		1	1						
Last Name Avallone	First Name Martin		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution I 0019	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
19 Windy Ridge Pl		Wilton		СТ	06897	03	3/25/2009			
Principal Occupation Media		Name of Employer Working Media Group			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:									\$375.00	
Last Name Degennaro	First Name Mark		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution I 0096	ID #	Amount of Contribution	
Residential Street Address 71 Aimes Dr		^{City} West Haven		State CT	Zip Code 06516		ate Received 3/25/2009			
Principal Occupation Attorney	Name of Employer Donahue Votto & DeGennaro,	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #				Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contribution \$375		\$375.00	
Last Name Degennaro	First Name Joy		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution I 0097	ID #	Amount of Contribution	
Residential Street Address 71 Aimes Dr		City West Haven		State CT	Zip Code 06516		ate Received 3/25/2009			
Principal Occupation Legal Secretary		Name of Employer Donahue, Votto & Degennaro		<u> </u>	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggrey	gate Contribution \$375		\$375.00	
Last Name Brown	First Name Van		MI	Cash	contribution: Personal C v Order X Credit/Deb		Contribution I 0050	ID #	Amount of Contribution	
Residential Street Address 925 River Rd		City Mystic		State CT	Zip Code 06355	03	ate Received 3/25/2009			
Principal Occupation Consultant		Name of Employer Wagner and Brown			Is this contribution associa fundraising event listed in If yes, list Event #					
Is contributor a principal of a state contractor or prospective $Yes \times N_0$ Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Legislative Legislative Yes $X N_0$									\$375.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							I	FILING	DUE DATE	
Friends Of Susan 2010, Inc.							(Origina	ıl 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
L and Name	Einst Name		ſ	1						
Last Name Mancuso	First Name Jack		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution I	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
PO Box 1191		Enfield				3/25/2009				
Principal Occupation Consultant		Name of Employer Resources Global Professiona	ls		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective $Y_{\text{Yes}} \times N_0$ Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of Executive Legislative Yes $\times N_0$ (Second Principal Of a lobbyist) (Second Principal Of a lobbyist									\$375.00	
Last Name Goodman	First Name Robert		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution I 0158	ID #	Amount of Contribution	
Residential Street Address 38 Shell Bch		^{City} East Haven		State CT	Zip Code 06512		ate Received 3/25/2009			
Principal Occupation Executive	Name of Employer Porcelan LTD, LLC			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contribution \$200		\$200.00	
Last Name Dudek	First Name Karl		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution I 0110	ID #	Amount of Contribution	
Residential Street Address 20 Tyler Rd		City Enfield		State CT	Zip Code 06082		ate Received 3/25/2009			
Principal Occupation President		Name of Employer Kason Credit Corp.		I	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis child of a lob 'es	byist?	Aggrey	gate Contribution \$375		\$375.00	
Last Name Bohonnon	First Name Wynne		MI	Cash	contribution: Personal C Order X Credit/Deb		Contribution I 0039	ID #	Amount of Contribution	
Residential Street Address 205 Church St		City New Haven		State CT	Zip Code 06510		ate Received 3/25/2009			
Principal Occupation Attorney		Name of Employer Bohonnon Law Firm			Is this contribution associa fundraising event listed in If yes, list Event #					
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: Legislative Legislative Legislative Aggregate Contributions dependent child of a lobbyist? Yes X No Aggregate Contributions \$375.00 \$									\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							I	FILING	DUE DATE	
Friends Of Susan 2010, Inc.							(Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID #		
Trebisacci	Raymond			Cash	Personal C Order X Credit/Deb		0316	ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
388 River Rd		Pawcatuck		СТ	06379	03	3/25/2009			
Principal Occupation Lawyer		Name of Employer The Law Offices of Trebisacci, Assoc.	Hall &		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
state contractor? Is yes, indicate which branch or branches of government the contract is with: Is yes, indicate which branch or branches of Legislative Is yes, indicate which branch or branches of yes, indicate which branch or branches of yes, indicate which branch or branches of government the contract is with: Is yes, indicate which branch or branches of yes, indicate which branches of yes, indited which branches of yes, indited which branches of yes,							gate Contributio \$375	ons 5.00	\$375.00	
Last Name White	First Name Andrew		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contribution I 0332	ID #	Amount of Contribution	
Residential Street Address 48 Clearview Dr		City Wallingford		State CT	Zip Code 06492		ate Received 3/25/2009			
Principal Occupation Attorney	Name of Employer Andrew S White, LLC			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob 'es	byist?	Aggreg	gate Contributio \$375	ons 5.00	\$375.00	
Last Name Shimer	First Name Gregory		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I 0305	ID #	Amount of Contribution	
Residential Street Address 145 Walbridge Rd		City West Hartford		State CT	Zip Code 06119		ate Received 3/26/2009			
Principal Occupation Product Mgr		Name of Employer WebMD		ł	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob ⁷ es X	byist?	Aggre	gate Contributio \$35	ons 5.00	\$35.00	
Last Name Floryan	First Name Kenneth		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I 0140	ID #	Amount of Contribution	
Residential Street Address 71 Penn Dr		City West Hartford		State CT	Zip Code 06119		ate Received 3/26/2009			
Principal Occupation Investment Analyst		Name of Employer Babson Capital Management			Is this contribution associa fundraising event listed in If yes, list Event #					
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: Legislative									\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Itemized	l Contributio	ons from	Individu	ials		•		
Last Name Allen	First Name William			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0006	n ID #	Amount of Contribution
Residential Street Address 19 Moonlight Dr		City Westerly			State RI	Zip Code 02891		ate Received 3/26/2009		
Principal Occupation Contractor		Name of Employer W.R. Allen Co.,	Inc.			Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Le	s X No		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribut \$3	ions 75.00	\$375.00
Last Name Vallieres	First Name Laurence			MI	Cash	contribution: X Personal / Order Credit/De		Contribution 0324	n ID #	Amount of Contribution
Residential Street Address 376 Maple Ave		^{City} Old Saybrook			State CT	Zip Code 06475		ate Received 3/26/2009		
Principal Occupation Name of Employer Electrical Contractor State-Wide Electric						Is this contribution assoc fundraising event listed i If yes, list Event #		1? Ľ	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Le	s X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contribut \$3	ions 75.00	\$375.00
Last Name Pilicy	First Name Franklin			MI	Cash	contribution: V Order Credit/De		Contribution 0267	n ID #	Amount of Contribution
Residential Street Address 235 Main St		^{City} Watertown		-	State CT	Zip Code 06795		ate Received 3/26/2009		
Principal Occupation Attorney		Name of Employer Franklin G Pilicy	PC			Is this contribution assoc fundraising event listed i If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	s X No	dependent	utor a lobbyist child of a lob es	byist?	Aggre	gate Contribut \$13	ions 25.00	\$125.00
Last Name James	First Name Harry			MI	Cash	contribution: X Personal / Order Credit/De		Contribution 0187	n ID #	Amount of Contribution
Residential Street Address 257 Belltown Rd		City South Glastonbu	iry		State CT	Zip Code 06073 Is this contribution assoc	03	ate Received 3/26/2009		
Principal Occupation Owner		Name of Employer H & J Constract				fundraising event listed i If yes, list Event #		1? Ľ	Yes No	
Is contributor a principal of a state contractor or prospective Is yes, indicate which branch or branches of government the contract is with: Executive Legislativ								\$375.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
Last Name	First Name		MI	Method of	contribution:		Contribution	» ID #		
Bartolotta	Peter			Cash	V Order Credit/Deb		0025	II ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
4 Carpenter Ave		Niantic		СТ	06357	03	3/26/2009		-	
Principal Occupation CPA		Name of Employer Borgida & Company			Is this contribution associa fundraising event listed in If yes, list Event #		1? □	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative MI Method of contributions: Contribution ID									\$375.00	
Last Name Cluckey	First Name David		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution 0081	n ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
265 N Main St .		Wallingford		СТ	06492		3/26/2009			
Principal Occupation Chiropracter			Is this contribution associa fundraising event listed in If yes, list Event #		1? 💾	Yes No				
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggres	gate Contributi \$37	^{ions} 75.00	\$375.00	
Last Name D'Amato	First Name Peter		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0093	n ID #	Amount of Contribution	
Residential Street Address 268 Sand Hill Rd		City South Windsor		State CT	Zip Code 06074		ate Received 3/26/2009			
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associa			Yes		
Sales		Rovic Inc.			fundraising event listed in If yes, list Event #	Section J	1? x	No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es	byist?	Aggre	gate Contributi \$37	^{ions} 75.00	\$375.00	
Last Name Cotten	First Name Kim		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0087	n ID #	Amount of Contribution	
Residential Street Address 322 Butternut St		City Middletown		State CT	Zip Code 06457		ate Received 3/26/2009			
Principal Occupation Exec Admin Asst		Name of Employer Per Kin Elmer			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is contributor a lobbyist Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions government the contract is with: Is contributor Legislative Yes No									\$375.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										
Friends Of Susan 2010, Inc.								Or	riginal 04/13/2009	
		B. Itemized Co	ntributio	ns from	Individu	ials				
Last Name Eisenberg	First Name Mitchell			MI	Cash	contribution: Personal (Order X Credit/De		Contribution ID 0113	# Amount of Contribution	
Residential Street Address 154 Glenarden Dr		_{City} Fairfield			State CT	Zip Code 06824		te Received		
Principal Occupation Name of Employer Attorney Web Media Brands						Is this contribution assoc fundraising event listed in If yes, list Event #		? Ye		
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Is contributive Is contribution a lobbyist? Aggregate Contributions										
Last Name Elliot	First Name Victoria			MI	Cash	contribution: X Personal (v Order Credit/De		Contribution ID 0118	# Amount of Contribution	
Residential Street Address 10 Litchfield Rd		City Harwinton			State CT	Zip Code 06791		te Received 2/27/2009		
Tune of Employer						Is this contribution assoc fundraising event listed in If yes, list Event #		re		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislati	x _{No}		ttor a lobbyist child of a lob es	byist?	Aggrega	ate Contributions \$375.		
Last Name McMillen	First Name Marvin			MI	Cash	contribution: V Order		Contribution ID 0242	# Amount of Contribution	
Residential Street Address 10 Litchfield Rd		^{City} Harwinton			State CT	Zip Code 06791		te Received 3/27/2009		
Principal Occupation Doctor		Name of Employer Beth Israel Hospital				Is this contribution assoc fundraising event listed in If yes, list Event #		? Ye		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislati	X No		ntor a lobbyist child of a lob es	byist?	Aggrega	ate Contributions \$375.0		
Last Name Embry	First Name Stephen			MI	Cash	contribution: Personal 0 7 Order X Credit/De		Contribution ID 0120	# Amount of Contribution	
Residential Street Address 389 Grassy Hill Rd		City Old Lyme			State CT	Zip Code 06371	03	te Received		
Principal Occupation Attorney		Name of Employer Embry & Neusner				Is this contribution assoc fundraising event listed in If yes, list Event #		16		
Is contributor a principal of a state contractor or prospective Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions gares Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes No										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Ite	emized Contributi	ons from	ı Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Eremita	Joseph	i			Cash Money	y Order Credit/De		0121		Contribution
Residential Street Address		City			State CT	Zip Code		ate Received		
12 Auburn Rd West Hartford						06119 Is this contribution assoc		3/27/2009	, 	
Principal Occupation Name of Employer Is this contribut Retired None If yes, list Even								1?	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution ID #								\$375.00		
Last Name Hopper	First Name John	1		MI	Cash	contribution: Personal of y Order X Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 8 Mannetti Ln		City Cos Cob			State CT	Zip Code 06807		ate Received 3/27/2009	9	
rune or Employer							iated with a n Section J	1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu \$3	itions 375.00	\$375.00
Last Name Gerard	First Name Scott			MI	Cash	contribution: Personal 0 y Order X Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 177 Broad St		City Stamford			State CT	Zip Code 06901		ate Received 3/27/2009	9	
Principal Occupation Attorney		Name of Er Murtha C				Is this contribution assoc fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$3	itions 375.00	\$375.00
Last Name Fitch	First Name Matthew			MI	Cash	contribution: Personal 0 y Order X Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 3379 Whitney Ave		^{City} Hamden			State CT	Zip Code 06518		ate Received 3/27/2009	9	
Principal Occupation Consultant		Name of Er Town of				Is this contribution assoc fundraising event listed in If yes, list Event #		12 L	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions \$375.00 Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No										\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										G DUE DATE
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009
		B. Ite	mized Contributi	ons from	ı Individu	ials		•		
Last Name	First Name			MI		contribution:	711-	Contributio	on ID #	Amount of
Kolodney	Joseph				Cash Money	Order Credit/De		0207		Contribution
Residential Street Address		City			State CT	Zip Code		ate Received		
24 Mill Spring Ln Stamford						06903		3/27/2009) 	
Principal Occupation Name of Employer Is this contribution ass fundraising event liste Reinsurance Consultant Self If yes, list Event #								11?	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legisla								\$375.00		
Last Name Lee	First Name K.J.			MI	Cash	contribution: Personal of Order X Credit/De		Contributio	n ID #	Amount of Contribution
Residential Street Address 219 Uncas Point Rd	•	City Guilford			State CT	Zip Code 06437		ate Received 3/27/2009)	
Principal Occupation Name of Employer Is this continuous associated with a gradient of the second o										
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribu \$3	tions 75.00	\$375.00
Last Name Lee	First Name Linda			MI	Cash	contribution: Personal Q Order X Credit/De		Contributio 0218	n ID #	Amount of Contribution
Residential Street Address 219 Uncas Point Rd		City Guilford			State CT	Zip Code 06437		ate Received 3/27/2009)	
Principal Occupation Housewife		Name of Em None	ployer		ł	Is this contribution assoc fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggre	gate Contribu \$3	tions 75.00	\$375.00
Last Name Kingsley	First Name Charles			MI	Cash	contribution:		Contributio	n ID #	Amount of Contribution
Residential Street Address 420 Humphrey St Principal Occupation Attorney	<u> </u>	City New Have Name of Em Wiggin &	ployer		State CT	/ Order Credit/De Zip Code 06511 Is this contribution assoc fundraising event listed in	D 0	12 L	Yes	
Attorney Wiggin & Dana, LLP Initiation of the section of the sect									\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009		
		B. Itemized Contributi	ons fron	ı Individu	ials					
Last Name Katske	First Name Kevin		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	0195	ion ID #	Amount of Contribution		
Residential Street Address 129 Meadowview Dr		City Trumbull		State CT	Zip Code 06611	Date Received				
Principal Occupation Attorney		Name of Employer Diserio, Martin, O'Connor & Castiglione	-		Is this contribution associat fundraising event listed in the If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob 'es	byist?	Aggregate Contrib	utions 375.00	\$375.00		
Last Name Alexander	First Name Moses		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	0004	ion ID #	Amount of Contribution		
Residential Street Address 61 Ryders Ln		City Wilton		State CT	Zip Code 06897	Date Received 03/27/200				
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Real Estate Spinnaker Companies If yes, list Event #						Yes				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contrib	utions 375.00	\$375.00		
Last Name Armaos	First Name Michael		MI	Cash	contribution: Personal Cł y Order X Credit/Debi	0015	ion ID #	Amount of Contribution		
Residential Street Address 15 August Mdws		City Ledyard		State CT	Zip Code 06339	Date Received 03/27/200				
Principal Occupation Owner		Name of Employer Olympic Hotel Corp.			Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Miller	First Name Carol		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	0246	ion ID #	Amount of Contribution		
Residential Street Address 80 Den Hollow Rd		City Guilford		State CT	Zip Code 06437	Date Received 03/27/200	9			
Principal Occupation Interior Design		Name of Employer Self	i		Is this contribution associat fundraising event listed in 5 If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a principal of a state contractor or prospective Yes X No Is contributor a bobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009		
		B. Itemized Contributi	ions from	ı Individu	ials					
Last Name Oshana	First Name Zaya		MI	Cash	contribution:	heck 0257	tion ID #	Amount of Contribution		
Residential Street Address		City		Money State	/ Order Credit/Deb	Date Receive	d			
21 Alpine Trl		Plantsville		СТ	06479	03/27/200	09	ļ		
Principal Occupation Director, Human Resources				Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes				
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No								\$50.00		
Last Name Jacobs	First Name Stephen		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0183	tion ID #	Amount of Contribution		
Residential Street Address 11 Bliss Rd		^{City} Warren		State CT	Zip Code 06777	Date Receive				
Principal Occupation Attorney	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No							
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Contri	butions \$375.00	\$375.00		
Last Name Shufrin	First Name Harry		MI	Cash	contribution: Personal Cl / Order X Credit/Deb	0306	tion ID #	Amount of Contribution		
Residential Street Address 62 Angelus Dr		City Greenwich	•	State CT	Zip Code 06831	Date Receive				
Principal Occupation CPA		Name of Employer Shufrin and Associates			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate Contri	butions \$375.00	\$375.00		
Last Name Tusa	First Name Charles		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0321	tion ID #	Amount of Contribution		
Residential Street Address 21 Lawrence St		City Greenwich		State CT	Zip Code 06830	Date Receive				
Principal Occupation Attorney		Name of Employer Gilbride & Tusa			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a principal of a state contractor or prospective Yes X No Is yes, indicate which branch or branches of Executive Legislative Yes X No Source Height State Stat										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Itemized Contri	ibutions f	from	Individu	als				
Last Name Tusa	First Name Margot		MI		Method of c	contribution: Personal of Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 21 Lawrence St		City Greenwich			State CT	Zip Code 06830		ate Received 3/27/2009		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Homemaker None If yes, list Event #							11? 📕	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contributions Legislative Aggregate Contributions Yes X No Aggregate Contributions \$375.00								\$375.00		
Last Name Scarrozzo	First Name Matthew		MI		Method of c Cash Money	X Personal		Contribution	n ID #	Amount of Contribution
Residential Street Address 795 Long Hill Rd		City Middletown			State CT	Zip Code 06457		ate Received 3/27/2009		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Firefighter City of Middletown If yes, list Event # No							Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			or a lobbyist hild of a lobb	byist?	Aggre	gate Contribut \$1	ions 00.00	\$100.00
Last Name Weaving	First Name Jason		MI		Method of c	Personal 0		Contribution	n ID #	Amount of Contribution
Residential Street Address 12 Eleanor Rd		^{City} Seymour			State CT	Zip Code 06483		ate Received 3/27/2009		
Principal Occupation Owner, Officer		Name of Employer GetUsedParts.com, LLC		-		Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive			or a lobbyist hild of a lobb s X	byist?	Aggre	gate Contribut \$3	ions 75.00	\$375.00
Last Name Zafiris	First Name James		MI		Method of c	X Personal		Contribution 0344	n ID #	Amount of Contribution
Residential Street Address 95 Seiter Hill Rd		City Wallingford			State CT	Zip Code 06492 Is this contribution assoc	0	ate Received 3/27/2009		
Principal Occupation Owner		Name of Employer JZ Inc / Dunkin Donuts	i			fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No									\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DUE										
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009		
		B. Itemized Contributi	ons from	ı Individu	ials					
Last Name Zafiris	First Name Steve		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0345	tion ID #	Amount of Contribution		
Residential Street Address 21 Seiter Hill Rd	•	City Wallingford		State CT	Zip Code 06492	Date Receive				
Principal Occupation Retired	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No							
Is contributor a principal of a state contractor or prospective Is contributor a lobyist, spouse, or dependent child of a lobyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions								\$375.00		
Last Name Fulton	First Name Walter		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0144	tion ID #	Amount of Contribution		
Residential Street Address 164R Skeet Club Rd		City Durham		State CT	Zip Code 06422	Date Receive 03/28/20				
Principal Occupation Name of Employer Is this contribution CPA Dworkin, Hillman, LaMorte & Sterczala, PC If yes, list Even						Section J1?	Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No				\$375.00		
Last Name Luby	First Name Thomas		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0228	tion ID #	Amount of Contribution		
Residential Street Address 405 Broad St		City Meriden		State CT	Zip Code 06450	Date Receive				
Principal Occupation Attorney		Name of Employer Luby-Olson, P.C.		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggregate Contri	butions \$250.00	\$250.00		
Last Name Fredericks	First Name Wesley		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0142	tion ID #	Amount of Contribution		
Residential Street Address 221 Benedict Hill Rd		City New Canaan		State CT	Zip Code 06840	Date Receive 03/30/20	09	•		
Principal Occupation Attorney		Name of Employer Goodwin Procter			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions gareau state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Ite	mized Contributi	ons from	ı Individu	ials				
Last Name Fredericks	First Name Jeanne			MI	Cash	contribution: X Personal O / Order Credit/De		Contribution 0143	n ID #	Amount of Contribution
Residential Street Address 221 Benedict Hill Rd		^{City} New Cana	an		State CT	Zip Code 06840		ate Received 3/30/2009	1	
Principal Occupation Name of Employer Is this contribution associated fundraising event listed in S Literary Agent / Book Publishing Jeanne Fredericks Literary Agency If yes, list Event #								Yes No		
Is contributor a principal of a state contractor or prospective Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Aggregate Contributions								\$375.00		
Last Name Williams	First Name Dean			MI	Cash	contribution: X Personal (/ Order Credit/De		Contribution 0333	n ID #	Amount of Contribution
Residential Street Address 266 Walnut St		^{City} Willimanti	с		State CT	Zip Code 06226		ate Received 3/30/2009	I	
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Retired If yes, list Event # X No										
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggreg	gate Contribut \$	tions 50.00	\$50.00
Last Name Leibert	First Name Richard			MI	Cash	contribution: V Order		Contribution	n ID #	Amount of Contribution
Residential Street Address 44 Clifford Dr		^{City} West Hart	ford		State CT	Zip Code 06107		ate Received 3/30/2009	1	
Principal Occupation Attorney		Name of Em Hunt, Leil	^{ployer} bert, Jacobs		-	Is this contribution associ fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggres	gate Contribut \$3	tions 75.00	\$375.00
Last Name Atherton	First Name Carlos			MI	Cash	contribution: X Personal (v Order Credit/De		Contribution 0017	n ID #	Amount of Contribution
Residential Street Address 13 Fern Ave		^{City} Wolcott			State CT	Zip Code 06716	03	ate Received 3/30/2009		
Principal Occupation Loan Officer		Name of Em First Wor	ld Mortage	1		Is this contribution associ fundraising event listed in If yes, list Event #		$_{1?}$	Yes No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No									\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Itemiz	ed Contributio	ons from	Individu	ials				
Last Name Bartlett	First Name Kimberly			MI	Cash	contribution: V Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 1208 Durham Rd		City Madison			State CT	Zip Code 06443		ate Received 3/30/2009		
Principal Occupation Accountant		Name of Employe Bartlett Law (Is this contribution assoc fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut \$3	ions 75.00	\$375.00
Last Name Alfano	First Name Charles			MI	Cash	contribution: X Personal (/ Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 4 Woodbridge Dr		^{City} Suffield			State CT	Zip Code 06078		ate Received 3/30/2009		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Attorney Alfano & Flynn If yes, list Event # X No										
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res X	byist?	Aggreg	gate Contribut \$1	ions 00.00	\$100.00
Last Name Holstein	First Name John			MI	Cash	contribution: V Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 12 Roosevelt Ave		City Mystic			State CT	Zip Code 06355		ate Received 3/30/2009		
Principal Occupation Vice President		Name of Employe First H & M C				Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyist child of a lob es X	byist?	Aggres	gate Contribut \$3	ions 75.00	\$375.00
Last Name Kaufman	First Name Robert			MI	Cash	contribution: X Personal (7 Order Credit/De		Contribution 0196	n ID #	Amount of Contribution
Residential Street Address 779 Norwich Salem Tpke Principal Occupation		City Oakdale Name of Employe	r		State CT	Zip Code 06370 Is this contribution assoc	03	ate Received 3/30/2009 a		
President		Bob's Discour	nt Furniture			fundraising event listed in If yes, list Event #		1? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative		utor a lobbyist child of a lob es	byist?	Aggres	gate Contribut \$3	ions 75.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILINC	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials		•			
Last Name	First Name		MI	Method of	contribution:		Contributio	on ID #	Amount of	
Lehmann	Gail			Cash Money	/ Order X Credit/Deb		0219		Contribution	
Residential Street Address 638 Danbury Rd		City Ridgefield		State CT	Zip Code 06877		ate Received 3/30/2009	.		
Principal Occupation					Is this contribution associa		<u> </u>	1		
Principal Occupation Name of Employer Is this contribution association Business Consultant Action Resources fundraising event listed in 3 If yes, list Event #							1?	Yes No		
Is contributor a principal of a state contractor or prospective Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is contributor a lobbyist? Is contributor a lobbyist? \$50.00 Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contributor a lobbyist? Aggregate Contributions								\$50.00		
Last Name Nesci	First Name Salvatore		MI	Cash	contribution: Personal C Order X Credit/Deb		Contributio 0254	on ID #	Amount of Contribution	
Residential Street Address PO Box 761		City Middletown		State CT	Zip Code 06457		ate Received 3/30/2009)		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Public Health City of Middletown If yes, list Event # X No										
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu \$	tions 50.00	\$50.00	
Last Name O'Neill	First Name Eileen		MI	Cash	contribution: X Personal C / Order Credit/Deb		Contributio	on ID #	Amount of Contribution	
Residential Street Address 62 Gordon St		City Hamden		State CT	Zip Code 06517		ate Received 3/30/2009)		
Principal Occupation Sales		Name of Employer None		ł	Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob ⁷ es X	byist?	Aggre	gate Contribu \$	tions 25.00	\$25.00	
Last Name Fine	First Name David		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contributio 0136	on ID #	Amount of Contribution	
Residential Street Address 98 Cutter Hill Rd		City Great Neck		State NY	Zip Code 11021		ate Received 3/30/2009)		
Principal Occupation Executive		Name of Employer Self-employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
Last Name	First Name		MI	Method of	contribution:		Contributio	» ID #		
Holstein	Leanne			Cash	V Order Credit/Deb		0174	II ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
337 Stonington Rd		СТ	06378	03	3/30/2009)				
· · · · · · · · · · · · · · · · · · ·							tribution associated with a Yes g event listed in Section J1? Event # X No			
Is contributor a principal of a state contractor or prospective Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution: Contribution:									\$375.00	
Last Name Gutterman	First Name Peter	1	MI	Cash	contribution: X Personal C Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 20 Ethan Dr		City Windsor		State CT	Zip Code 06095		ate Received 3/30/2009			
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Real Estate Broker Sentry Real Estate If yes, list Event # No										
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es	byist?	Aggres	gate Contribut \$2	tions 00.00	\$200.00	
Last Name Hayden	First Name James		MI	Cash	contribution: Personal C Order X Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 9 Fordal Rd		City Bronxville		State NY	Zip Code 10708		ate Received 3/30/2009	1		
Principal Occupation Attorney		Name of Employer White & Case, LLP		I	Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggrey	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Fadden	First Name Jerome		MI	Cash	contribution: Personal C Order X Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 253 Oenoke Ridge Rd		City New Canaan		State CT	Zip Code 06840	03	ate Received 3/30/2009	1		
Principal Occupation Financial Executive		Name of Employer Fadden and Company LLC	i		Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contributio	ons from	Individu	als					
Last Name	First Name		MI	Mada da G			<u> </u>			
Farcus	Joan		IVII	Cash	contribution: X Personal C Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code		ate Received			
19 Collingwood Ave		Fairfield		СТ	06825	03	3/30/2009)		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Attorney Sal DePiano If yes, list Event # X No										
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No Last Name First Name MI Method of contribution: Contribution ID #									\$250.00	
Last Name Gianetti	First Name David	1	MI	Cash	contribution: X Personal C Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 19 Collingwood Ave		_{City} Fairfield		State CT	Zip Code 06825		ate Received 3/30/2009	1		
Principal Occupation Name of Employer Is this contribution associated with a fundraising event listed in Section J1? Yes Physician Self-employed If yes, list Event # No										
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No			-	tions 50.00	\$250.00	
Last Name Crowley	First Name Edward		MI	Cash	contribution: Personal C Order X Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 10 Island Vw		City Branford		State CT	Zip Code 06405		ate Received 3/30/2009	1		
Principal Occupation Owner		Name of Employer DiChello Distributors, Inc.		<u></u>	Is this contribution associa fundraising event listed in If yes, list Event #		12 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob res	byist?	Aggrey	gate Contribut \$3	tions 75.00	\$375.00	
Last Name Coric	First Name Drzislav		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contributio	n ID #	Amount of Contribution	
Residential Street Address 17 Old Quarry Rd		City Gales Ferry		State CT	Zip Code 06335	03	ate Received 3/30/2009	1		
Principal Occupation Attorney		Name of Employer Traystman & Coric, LLC			Is this contribution associa fundraising event listed in If yes, list Event #		1? L	Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative L										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DUE										
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Itemized C	ontributio	ons from	Individu	ials				
Last Name Certilman	First Name Steven			MI	Cash	contribution: X Personal y Order Credit/Do		Contribution 0073	ID #	Amount of Contribution
Residential Street Address 111 Hillcrest Park Rd		City Old Greenwich		•	State CT	Zip Code 06870		ate Received 3/30/2009		
Principal Occupation Attorney		Name of Employer Steven A. Certilma	an, PC			Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributic \$37	ons 5.00	\$375.00
Last Name Carta	First Name John			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0066	ID #	Amount of Contribution
Residential Street Address 31 N Main St		City Essex			State CT	Zip Code 06426		ate Received 3/30/2009		
Principal Occupation Attorney		Name of Employer John J. Carta, Jr. L	LC			Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributio \$37	ons 5.00	\$375.00
Last Name Wolf	First Name Karen			MI	Cash	contribution: Personal y Order X Credit/Do		Contribution 0337	ID #	Amount of Contribution
Residential Street Address 26 Indian Dr		^{City} Manchester			State CT	Zip Code 06040		ate Received 3/30/2009		
Principal Occupation Virtual Assistant		Name of Employer Self				Is this contribution assoc fundraising event listed i If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contributic \$10	ons 0.00	\$100.00
Last Name Samuelson	First Name Janet	-		MI	Cash	contribution: Personal y Order X Credit/Do		Contribution 0291	ID #	Amount of Contribution
Residential Street Address 8421 Stone Gate Dr Principal Occupation		City Annandale Name of Employer			State VA	Zip Code 22003 Is this contribution assoc	03	ate Received 3/30/2009	Yes	
Non profit manager		ServiceSource		ī		fundraising event listed i If yes, list Event #	n Section J1	1? X		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisl	X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributic \$37	ons 5.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribut	ions from	Individu	ials					
Last Name	First Name		MI	Method of	contribution:			ID //		
Turner	Michael			Cash	Personal C y Order X Credit/Deb		Contribution 0319	I ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
859 Westfield St		Middletown		СТ	06457	03	3/30/2009		ł	
Principal Occupation Managing Member		Name of Employer Turner Enterprises			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes X	byist?	Aggre	gate Contributio \$37	^{ons} 75.00	\$375.00	
Last Name Turner	First Name Maria		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution 0320	ID#	Amount of Contribution	
Residential Street Address 859 Westfield St		City Middletown		State CT	Zip Code 06457		ate Received 3/30/2009			
Principal Occupation Marketing Coordinator		Name of Employer Michael J Turner Enterprises			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggreg	gate Contributio \$37	^{ons} 75.00	\$375.00	
Last Name Voice	First Name John		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution 0328	ID#	Amount of Contribution	
Residential Street Address 14 Harwich Ln		City West Hartford		State CT	Zip Code 06117		ate Received 3/30/2009			
Principal Occupation		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contributio \$10	ons)0.00	\$100.00	
Last Name Viola	First Name James		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 0326	ID #	Amount of Contribution	
Residential Street Address 1 Lise Cir		^{City} Suffield		State CT	Zip Code 06078		ate Received 3/30/2009			
Principal Occupation Accountant		Name of Employer Viola, Chrabascz Reynolds &	Co. LLP		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	ontributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions es, indicate which branch or branches of Foundation Ves X S \$375.00 \$375.00									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Itemized Contrib	outions f	from	Individu	als				
Last Name	First Name		MI		Method of a	contribution.			ID //	
Tully	Daniel				Cash X Personal Check			Contributio 0318	n ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code		ate Received		
20 Cedar Spring Rd		Burlington			СТ	06013	03	3/31/2009)	
Principal Occupation Attorney		Name of Employer Kilbourne & TUlly				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor or prospective Is vestice Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes Is No								gate Contribut \$3	tions 75.00	\$375.00
Last Name Smith-Winfree	First Name Vera		MI		Method of c Cash Money	contribution: X Personal C Order Credit/De		Contributio 0310	n ID #	Amount of Contribution
Residential Street Address 13 Barn Hill Rd		City Bloomfield			State CT	Zip Code 06002		ate Received 3/31/2009)	
Principal Occupation Executive Director		Name of Employer Bloomfield Chamber of C	ommerce			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	depe		tor a lobbyist child of a lobl es X	oyist?	Aggre	gate Contribut \$	tions 50.00	\$50.00
Last Name Stratoti	First Name Raymond		MI		Method of c Cash Money	X Personal C		Contributio 0312	n ID #	Amount of Contribution
Residential Street Address 2 Aarons Way		City East Hampton			State CT	Zip Code 06424		ate Received 3/31/2009)	
Principal Occupation Accountant		Name of Employer CBI		ł		Is this contribution associ fundraising event listed in If yes, list Event #	ated with a	a	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	Is c depe		tor a lobbyist child of a lobb es X	oyist?	Aggre	gate Contribut \$3	tions 75.00	\$375.00
Last Name Santucci	First Name John		MI		Method of c Cash Money	ontribution: X Personal C Order Credit/De		Contributio 0294	n ID #	Amount of Contribution
Residential Street Address 10 Edgehill Dr		City Woodbridge			State CT	Zip Code 06525		ate Received 3/31/2009)	
Principal Occupation Attorney		Name of Employer Self-employed				Is this contribution associ fundraising event listed ir If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes No										\$375.00

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	ials					
Last Name	First Name		MI	Method of	contribution:		Contribution	» ID #		
Santucci	tucci Sandra						0295	n 1D #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
10 Edgehill Dr		Woodbridge		СТ	06525	03	3/31/2009			
Principal Occupation Secretary		Name of Employer John P Santucci PC			Is this contribution associa fundraising event listed in If yes, list Event #		1? ப	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribut	^{ions} 75.00	\$375.00	
Last Name Sahay	First Name Shailesh	1	MI	Cash	contribution: Personal C Order X Credit/Deb		Contribution	n ID #	Amount of Contribution	
Residential Street Address 285 Third St		City Cambridge		State MA	Zip Code 02142		ate Received 3/31/2009			
Principal Occupation Attorney		Name of Employer Goodwin Procter		<u> </u>	Is this contribution associa fundraising event listed in If yes, list Event #	ated with a	a 🔲	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggres	gate Contribut	^{ions} 75.00	\$375.00	
Last Name Rotman	First Name Joel		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0283	n ID #	Amount of Contribution	
Residential Street Address 27 W Cliff Dr		City West Hartford		State CT	Zip Code 06117		ate Received 3/31/2009			
Principal Occupation Sales		Name of Employer Comtroctor Home			Is this contribution associa fundraising event listed in If yes, list Event #		19 L	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	dependent	utor a lobbyist child of a lob 'es	byist?	Aggreg	gate Contribut	ions 50.00	\$150.00	
Last Name Zafiris	First Name Mary		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 0346	n ID #	Amount of Contribution	
Residential Street Address 21 Seiter Hill Rd		City Wallingford		State CT	Zip Code 06492		ate Received 3/31/2009			
Principal Occupation Homemaker		Name of Employer None		·	Is this contribution associa fundraising event listed in If yes, list Event #		1? □	Yes No		
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions dependent child of a lobbyist? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes X No										

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DU											
Friends Of Susan 2010, Inc.									Origin	al 04/13/2009	
		B. Iter	nized Contributi	ons from	Individu	ials					
Last Name	First Name			MI	Method of o	contribution:		Contributio	n ID #	Amount of	
Casertano	Heidi				Cash Money	V Order Credit/De		0069		Contribution	
Residential Street Address		City		•	State	Zip Code	Da	ate Received			
775 W Main St		Meriden			СТ	06451	03	3/31/2009)		
Principal Occupation Account Executive		Name of Emp Dominion	^{loyer} Enterprises			Is this contribution associ fundraising event listed in		1?	Yes No		
						If yes, list Event #		Ĺ	NO		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	F	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contribu \$	tions 50.00	\$50.00	
Last Name	First Name			MI	Method of o	contribution:	1	Contributio	n ID #	Amount of	
Cheng	William				Cash Money	V Order Credit/De		0074		Contribution	
Residential Street Address		City			State	Zip Code	Da	ate Received			
63 Waterman St		Danielson			СТ	06239		3/31/2009)		
Principal Occupation Realtor		Name of Emp Self	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggre	gate Contribu \$	tions 50.00	\$50.00	
Last Name	First Name			MI	Method of o	contribution:		Contributio	on ID #	Amount of	
Berman	Michael	-			Cash Money	V Order Credit/De		0035		Contribution	
Residential Street Address 37 Balfour Dr		City West Hartf	and		State CT	Zip Code 06117		ate Received 3/31/2009			
						Is this contribution assoc			1		
Principal Occupation Attorney		Name of Emp Self	loyer			fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	-	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggreg	gate Contribu \$3	tions 75.00	\$375.00	
government the contract is with:	First Name	LACCOUNC	Legislative		I	contribution:	1	Contributio	» ID #		
Bysiewicz	Karen			NII .	Cash	V Order Credit/De		0056	n ID #	Amount of Contribution	
Residential Street Address	•	City			State	Zip Code	Da	ate Received			
729 Partridge Ln		State Colle	ge		PA	16803	03	3/31/2009)		
Principal Occupation Professor		Name of Emp Penn State	-			Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	[Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggreg	gate Contribu \$1	tions	\$150.00	
government the contract is with:		Executive	Legislative	<u></u> Р ү	res X	No		7-		+00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								F	FILING	DUE DATE
Friends Of Susan 2010, Inc.								С	Drigina	1 04/13/2009
		B. Ite	mized Contribution	ons from	ı Individu	ials		•		
Last Name Benneche	First Name Thomas			MI	Cash	contribution: X Personal y Order Credit/D	Check	Contribution II 0033	D #	Amount of Contribution
Residential Street Address 19 Barry Ln	1	City Simsbury			State CT	Zip Code 06070		e Received /31/2009		
Principal Occupation Attorney		Name of Em Benneche	ployer e Law Firm		•	Is this contribution assoc fundraising event listed If yes, list Event #			∕es ∛o	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob ⁷ es X	byist?	Aggrega	te Contribution \$375		\$375.00
Last Name Brown	First Name Malcolm			MI	X Cash	contribution: Personal y Order Credit/D	Check	Contribution II 0048	D #	Amount of Contribution
Residential Street Address 62 Upper Main St		^{City} Sharon			State CT	Zip Code 06069		e Received /31/2009		
Principal Occupation First Selectman		Name of Em Town of S				Is this contribution assoc fundraising event listed If yes, list Event #			∕es ∛o	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggrega	te Contribution \$75		\$75.00
Last Name Coric	First Name Vladimir			MI	Cash	contribution: X Personal y Order Credit/D	Check	Contribution II 0085	D #	Amount of Contribution
Residential Street Address 7 Richborough Rd	-	^{City} Madison			State CT	Zip Code 06443		e Received /31/2009		
Principal Occupation Physician		Name of Em Bristol-M	^{ployer} yers Squbb / Self En	nployed		Is this contribution assoc fundraising event listed If yes, list Event #			les No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggrega	te Contribution \$375		\$375.00
Last Name Federico	First Name Gina			MI	Cash	contribution: Personal y Order X Credit/D	Check	Contribution II 0131	D #	Amount of Contribution
Residential Street Address 102 Grennan Rd Principal Occupation		City West Hart Name of Em			State CT	Zip Code 06107 Is this contribution assoc	03/	e Received /31/2009	(es	
Consultant			5 Museum of West H	artford		fundraising event listed If yes, list Event #	n Section J1?			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggrega	te Contribution \$375		\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Friends Of Susan 2010, Inc.								Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
Last Name	First Name		MI	Method of	contribution:		Contribution	. ID #		
Muslim	Adnaan			Cash	v Order X Credit/Deb		0250	I ID #	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
102 Grennan Rd		West Hartford		СТ	06107	03	3/31/2009		ł	
Principal Occupation Vice President		Name of Employer Mission Control, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributi \$37	ons 75.00	\$375.00	
Last Name Hunt	First Name Kimball		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution 0179	n ID #	Amount of Contribution	
Residential Street Address 205 Winterbury Ave		City Bloomfield		State CT	Zip Code 06002		ate Received 3/31/2009			
Principal Occupation Attorney		Name of Employer Hunt, Leibert PC			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggres	gate Contributi \$37	ions 75.00	\$375.00	
Last Name Jameson	First Name John		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0188	n ID #	Amount of Contribution	
Residential Street Address 317 Pennsylvania Ave SW		City Washington		State DC	Zip Code 20003		ate Received 3/31/2009			
Principal Occupation Consultant		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contributi \$37	ions 75.00	\$375.00	
Last Name Garcia	First Name Ray		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution 0147	n ID #	Amount of Contribution	
Residential Street Address 17 Loyal Ledge Ln		City Guilford		State CT	Zip Code 06437		ate Received 3/31/2009			
Principal Occupation Attorney		Name of Employer Garcia & Milas			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributi \$37	ions 75.00	\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILIN	G DUE DATE	
Friends Of Susan 2010, Inc.								Origin	al 04/13/2009	
		B. Itemized C	ontributio	ns from	Individu	lals				
Last Name	First Name			MI	Method of o	contribution:	Contri	bution ID #	Amount of	
Flagg	Julie				Cash Money	V Order Credit/De	0139)	Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved		
49 Crescent St		Middletown			СТ	06457	03/31/2	009	ļ	
Principal Occupation Physician		Name of Employer Crescent Street Ob	stetrics		-	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisla	X No	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Con	tributions \$375.00	\$375.00	
Last Name Formica	First Name Glenn			MI	Cash	contribution: X Personal C v Order Credit/De	Check 0141	bution ID #	Amount of Contribution	
Residential Street Address		City			State	Zip Code	Date Rece	ved		
34 Fernwood Ave		Guilford			СТ	06437	03/31/2	009		
Principal Occupation Attorney		Name of Employer Mirrione & Formica	, LLC			Is this contribution associ fundraising event listed ir If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisla	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Con	tributions \$250.00	\$250.00	
Last Name Gagliardi	First Name John			MI	Cash	contribution: X Personal C v Order Credit/De	Check 0145	bution ID #	Amount of Contribution	
Residential Street Address 30 Poplar HI	1	City Farmington			State CT	Zip Code 06032	Date Recei			
Principal Occupation General Contractor		Name of Employer Construction Resou	irces Inc		,	Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No	•	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legisla	X No	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Con	tributions \$375.00	\$375.00	
Last Name Greenberg	First Name Miriam			MI	Cash	contribution: X Personal C v Order Credit/De	Check 0159	bution ID #	Amount of Contribution	
Residential Street Address 178 Orchard Rd	I	City West Hartford			State CT	Zip Code 06117	Date Recei			
Principal Occupation Marketing		Name of Employer Birken Mfg Co.				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	· · ·	Executive Legisla	X No		utor a lobbyist child of a lob es	byist?	Aggregate Con	tributions \$375.00	\$375.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Iten	nized Contributi	ons from	Individu	ials				
Last Name Glover	First Name Paul			MI	Cash	contribution: X Personal C / Order Credit/De		Contributior 0156	n ID #	Amount of Contribution
Residential Street Address 648 Fern St		City West Hartfo	ord		State CT	Zip Code 06107		ate Received 3/31/2009		
Principal Occupation Consultant		Name of Empl Self	loyer		-	Is this contribution associ fundraising event listed in If yes, list Event #		1? 💾	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributi \$37	ions 75.00	\$375.00
Last Name Laraia	First Name Robert			MI	Cash	contribution: X Personal C / Order Credit/De		Contribution 0215	n ID #	Amount of Contribution
Residential Street Address 739 Prospect Ave		City Hartford			State CT	Zip Code 06105		ate Received 3/31/2009		
Principal Occupation Consultant		Name of Empl Self-emplo				Is this contribution associ fundraising event listed in If yes, list Event #		1? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No		utor a lobbyist child of a lob res X	byist?	Aggreg	gate Contributi \$37	ions 75.00	\$375.00
Last Name Isaacs	First Name Jed			MI	Cash	contribution: V Order		Contributior 0180	n ID #	Amount of Contribution
Residential Street Address 2 Wallenberg Dr		^{City} Stamford			State CT	Zip Code 06903		ate Received 3/31/2009		
Principal Occupation CPA/ATTY		Name of Empl Self	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		1? □	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No	dependent	utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributi \$37	ions 75.00	\$375.00
Last Name Bianca	First Name Anthony			MI	Cash	contribution: X Personal C v Order Credit/De		Contribution 0036	n ID #	Amount of Contribution
Residential Street Address 55 Kilbourne Ave		City New Britair			State CT	Zip Code 06053	03	ate Received 3/31/2009	1	
Principal Occupation Homebuilder		Name of Empl	. Mgt., Inc	ī		Is this contribution associ fundraising event listed in If yes, list Event #		1? 느	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	gate Contributi \$37	^{ions} 75.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DUE DA										
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Itemiz	ed Contributio	ons from	Individu	ials				
Last Name Kosinski	First Name Richard			MI	Cash	contribution: V Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 45 Park Pl		City New Britain		•	State CT	Zip Code 06052		ate Received 3/31/2009		
Principal Occupation Attorney		Name of Employe Self-employee				Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributi \$37	^{ions} 75.00	\$375.00
Last Name Baker	First Name Ashley			MI	Cash	contribution: X Personal O / Order Credit/De		Contributior 0021	n ID #	Amount of Contribution
Residential Street Address 21 E 22nd St		City New York			State NY	Zip Code 10010		ate Received 3/31/2009		
Principal Occupation Manager of Credit Services		Name of Employe Lord and Tayl				Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributi \$37	^{ions} 75.00	\$375.00
Last Name Arnold	First Name Catherine			MI	Cash	contribution: V Order		Contribution 0016	n ID #	Amount of Contribution
Residential Street Address 77 Winter Hill Rd		City Madison			State CT	Zip Code 06443		ate Received 3/31/2009		
Principal Occupation Physician		Name of Employe Guilford Inter			-	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributi \$10	ions 00.00	\$100.00
Last Name Ameche	First Name Brian			MI	Cash	contribution: X Personal G / Order Credit/De		Contribution	n ID #	Amount of Contribution
Residential Street Address 336 Foothills Rd Principal Occupation		City Durham Name of Employe	r		State CT	Zip Code 06422 Is this contribution associ	03	ate Received 3/31/2009	Yes	
Architect		Marx Okubo A	Architects	ī		fundraising event listed in If yes, list Event #	n Section J	1? X	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggreg	gate Contributi \$37	ions 75.00	\$375.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Iten	nized Contributio	ons from	Individu	ials				
Last Name Sanchez	First Name Maria			MI	Cash	contribution: X Personal (/ Order Credit/De		Contribution 0292	ı ID #	Amount of Contribution
Residential Street Address 529 Westfield St		^{City} Middletown			State CT	Zip Code 06457		ite Received 3/31/2009		
Principal Occupation Officer		Name of Empl American S	oyer Savings Foundatior	1		Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	F	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggreg	ate Contributi \$37	ions 75.00	\$375.00
Last Name Jukonski	First Name Richard			MI	Cash	contribution: X Personal of the formula of the for		Contribution 0193	n ID #	Amount of Contribution
Residential Street Address 197 Butternut St		^{City} Middletown			State CT	Zip Code 06457		te Received 3/31/2009		
Principal Occupation Owner		Name of Empl Self	loyer			Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob res X	byist?	Aggreg	ate Contributi \$37	ions 75.00	\$375.00
Last Name Hayes	First Name Gilbert			MI	Cash	contribution: V Order Credit/De		Contribution 0172	n ID #	Amount of Contribution
Residential Street Address 143 Rye St		City Broad Broo	k		State CT	Zip Code 06016		tte Received 3/31/2009		
Principal Occupation Retired Teamsters		Name of Empl	oyer		-	Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyist child of a lob es	byist?	Aggreg	ate Contributi \$30	ions 00.00	\$300.00
Last Name Calsetta	First Name Joseph			MI	Method of Cash	contribution: X Personal (/ Order Credit/De		Contribution 0059	n ID #	Amount of Contribution
Residential Street Address 121 Orchard Hill Dr		City Windsor Lo			State CT	Zip Code 06096	03	te Received 3/31/2009		
Principal Occupation Property Management		Name of Empl Roncari De	evelopment Co.	ī		Is this contribution assoc fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		-	Yes X No		utor a lobbyist child of a lob es	byist?	Aggreg	ate Contributi \$10	ions 00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DUE										
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009		
		B. Itemized Contri	butions fro	om Individu	ials					
Last Name Postler	First Name Todd		MI	Cash	contribution: X Personal C / Order Credit/Deb	0268	ion ID #	Amount of Contribution		
Residential Street Address 53 Sherwood Ln	•	City Norwich	·	State CT	Zip Code 06360	Date Received 03/31/200		1		
Principal Occupation Owner		Name of Employer Postler Comm Inc.			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	depend	ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions 100.00	\$100.00		
Last Name Vollono	First Name Frederick		МІ	Cash	contribution: X Personal C v Order Credit/Deb	0329	ion ID #	Amount of Contribution		
Residential Street Address 26 Brooks Ln		City Ivoryton		State CT	Zip Code 06442	Date Received 03/31/200				
Principal Occupation Attorney		Name of Employer Kenny, Brimmer & Maho	oney	·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions 250.00	\$250.00		
Last Name Kapusta	First Name Robert		MI	Cash	contribution: X Personal C / Order Credit/Deb	0194	ion ID #	Amount of Contribution		
Residential Street Address 10 Flax Mill Ln		City Milford		State CT	Zip Code 06461	Date Received				
Principal Occupation Attorney		Name of Employer Kapusta & Otzel			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contrib	utions 375.00	\$375.00		
Last Name Reale	First Name Mathew		MI	Cash	contribution: X Personal C / Order Credit/Deb	0272	ion ID #	Amount of Contribution		
Residential Street Address 34 Brewster Pl		City Trumbull		State CT	Zip Code 06611	Date Received 03/31/200				
Principal Occupation Attorney		Name of Employer Anthony & Reale			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	depend	ributor a lobbyis ent child of a lob Yes X	byist?	Aggregate Contrib	utions 100.00	\$100.00		

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							I	FILING	DUE DATE	
Friends Of Susan 2010, Inc.							(Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	als					
Last Name	First Name		MI	1	contribution:					
Scotti	Audrey		NII -	Cash	Personal C Order X Credit/Deb		Contribution	ID#	Amount of Contribution	
Residential Street Address		City		State	Zip Code	Da	ate Received			
950 Saybrook Rd		Middletown		СТ	06457	03	3/31/2009			
Principal Occupation Social Worker		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributio \$10	ons 0.00	\$100.00	
Last Name Meck	First Name Tanya		MI	Cash	contribution: X Personal C Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 83 Foxcroft Rd		City West Hartford		State CT	Zip Code 06119		ate Received 3/31/2009			
Principal Occupation Consultant		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contributio \$37	ons 5.00	\$375.00	
Last Name Pickett	First Name Daniel		MI	Cash	contribution: Personal C Order X Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 77 Prout Hill Rd		City Middletown		State CT	Zip Code 06457		ate Received 3/31/2009			
Principal Occupation Development Officer		Name of Employer Yale University			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contributio \$10	ons 0.00	\$100.00	
Last Name Puchala	First Name Alfred		MI	Cash	contribution: X Personal C v Order Credit/Deb		Contribution	ID #	Amount of Contribution	
Residential Street Address 57 Kings Hwy N		City Westport		State CT	Zip Code 06880		ate Received 3/31/2009			
Principal Occupation Investor		Name of Employer Signal Equity Partners			Is this contribution associa fundraising event listed in If yes, list Event #					
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggreg	gate Contributio \$37	ons 5.00	\$375.00	

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FI	LING DUE DATE	
Friends Of Susan 2010, Inc.								Oı	riginal 04/13/2009)
		B. Ite	emized Contribution	ons from	ı Individu	ials				
Last Name Lake	First Name Kimberly			MI	Cash	contribution: X Personal C / Order Credit/Del	Check	Contribution ID 0213	# Amount of Contributio	
Residential Street Address 57 Kings Hwy N		^{City} Westport			State CT	Zip Code 06880		e Received /31/2009		
Principal Occupation NA		Name of Em	nployer		-	Is this contribution associ fundraising event listed in If yes, list Event #		? Ye		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob 'es X	byist?	Aggrega	ate Contributions \$375.		375.00
Last Name Johnson	First Name Kathy			MI	Cash	contribution: Personal C Order X Credit/Del	Check	Contribution ID 0191	# Amount of Contributio	
Residential Street Address 68 Dorman Rd		City Oxford			State CT	Zip Code 06478		e Received /31/2009		
Principal Occupation Cytotechnologist		Name of Em Yale Univ	ployer resity School of Medi	cine		Is this contribution associ fundraising event listed ir If yes, list Event #		? Ye		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es X	byist?	Aggrega	ate Contributions \$25.		\$25.00
Last Name Smith	First Name James			MI	Cash	contribution: X Personal C / Order Credit/Del	Check	Contribution ID 0309	# Amount of Contributio	
Residential Street Address 106 Old Brown Rd		City Union			State CT	Zip Code 06076		e Received /31/2009		
Principal Occupation Teacher		Name of Em CREC	ıployer			Is this contribution associ fundraising event listed in If yes, list Event #		? Ye		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggrega	ate Contributions \$10.		\$10.00
Last Name Horan	First Name William			MI	Cash	contribution: X Personal C / Order Credit/Del	Check	Contribution ID 0177	# Amount of Contributio	
Residential Street Address 25 Rustic Ln		City East Hart	ford		State CT	Zip Code 06118	03/	e Received /31/2009		
Principal Occupation Attorney		Name of Em Webber,	ployer Jacobs, Murphy & He	oran, LLP		Is this contribution associ fundraising event listed in If yes, list Event #		? Ye		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob 'es	byist?	Aggrega	ate Contributions \$100.		100.00

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILIN	G DUE DATE	
Friends Of Susan 2010, Inc.								Origin	al 04/13/2009	
		B. Itemized	Contributio	ons from	Individu	ials				
Last Name Cianci	First Name Donald			MI	Method of o Cash Money	contribution: V Order	Check 00	ntribution ID #)76	Amount of Contribution	
Residential Street Address 45 Laurel Ln	-	City Columbia			State CT	Zip Code 06237	Date Re 03/31	eceived L/2009		
Principal Occupation Attorney		Name of Employer Self				Is this contribution associ fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	X No		utor a lobbyist child of a lob es X	byist?	Aggregate C	Contributions \$100.00	\$100.00	
Last Name Otzel	First Name Paul			MI	Cash	contribution: X Personal (/ Order Credit/De	Check 02	ntribution ID # 259	Amount of Contribution	
Residential Street Address 23 Flax Mill Ter		City Milford			State CT	Zip Code 06461	Date Re 03/31	eceived L/2009		
Principal Occupation Attorney		Name of Employer Kapusta & Otzel				Is this contribution assoc fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	X No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate C	Contributions \$375.00	\$375.00	
Last Name Woolley	First Name David			MI	Cash	contribution: X Personal O / Order Credit/De	Check 03	ntribution ID #	Amount of Contribution	
Residential Street Address 9 Bellaire Rd		^{City} Old Lyme			State CT	Zip Code 06371	Date Re 03/31	eceived L/2009		
Principal Occupation Bank Officer		Name of Employer The Washington	Frust Compa	ny		Is this contribution assoc fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legi	No No	dependent	utor a lobbyist child of a lob res	byist?	Aggregate C	Contributions \$125.00	\$125.00	
Last Name Jones	First Name Belinda			MI	Method of d Cash Money	contribution: Personal 0 7 Order X Credit/De	Check 01	ntribution ID #	Amount of Contribution	
Residential Street Address 632 W Pond Meadow Rd		City Westbrook			State CT	Zip Code 06498		eceived L/2009		
Principal Occupation Marketing/PR		Name of Employer Business Owner				Is this contribution assoc fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legi	No No		utor a lobbyist child of a lob res	byist?	Aggregate C	Contributions \$100.00	\$100.00	

		I. M	ONETARY RE	CEIPTS	6 (Section	n A-I)				
NAME OF COMMITTEE									FILINC	DUE DATE
Friends Of Susan 2010, Inc.									Origina	al 04/13/2009
		B. Ite	mized Contributi	ons from	Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Kilbourne	Dean				Cash Money	y Order Personal Credit/De		0198		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
381 Fern Hill Rd		Bristol			СТ	06010	0	3/31/2009	9	
Principal Occupation Attorney		Name of Em Kilbourne	ployer & Tully, P.C.			Is this contribution associ fundraising event listed in If yes, list Event #		11? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggre	egate Contribu \$3	tions 375.00	\$375.00
Last Name Kilbourne	First Name Linda			MI	Cash	contribution: X Personal of y Order Credit/De		Contributio	on ID #	Amount of Contribution
Residential Street Address 381 Fern Hill Rd	•	City Bristol			State CT	Zip Code 06010		ate Received)	
Principal Occupation		Name of Em	ployer			Is this contribution assoc	ated with	a	Yes	
NA		NA				fundraising event listed in If yes, list Event #	1 Section J	11? x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res X	byist?	Aggre	gate Contribu \$3	tions 375.00	\$375.00
Last Name Carpenter	First Name Jennifer			MI	Method of Cash	contribution:	Theck	Contributio	on ID #	Amount of Contribution
	Jennier					y Order Credit/De		0065		Contribution
Residential Street Address 51 Greenlawn Dr		^{City} Fairfield			State CT	Zip Code 06825		ate Received 3/31/2009	9	
Principal Occupation Deputy Chief of Staff		Name of Em Town of F				Is this contribution assoc fundraising event listed in If yes, list Event #		11? L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es	byist?	Aggre	gate Contribu	tions 50.00	\$50.00
Last Name	First Name			MI		contribution:		Contributio	on ID #	Amount of
Koizim	Harvey				Cash Money	y Order Personal Credit/De		0206		Contribution
Residential Street Address 560 Chapel St		City New Have	n.		State CT	Zip Code 06511		ate Received		
						Is this contribution associ			1	
Principal Occupation Lawyer		Name of Em	ployer			fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyist child of a lob	byist?	Aggre	gate Contribu \$3	tions 375.00	\$375.00
government the contract is with:		Executive	Legislative	Y Y	res X	No				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Susan 2010, Inc.							Origina	al 04/13/2009	
		B. Itemized Contribution	ons from	Individu	lals				
Last Name Meccariello	First Name Bryan		MI	Method of o Cash Money	contribution: X Personal Ch v Order Credit/Debit	0243	tion ID #	Amount of Contribution	
Residential Street Address 80 Beal Dr		City Southington		State CT	Zip Code 06489	Date Receive 03/31/200			
Principal Occupation Attorney		Name of Employer Meccarielo & Bornstein			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes XNo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		utor a lobbyist child of a lob es	byist?	Aggregate Contril	outions 375.00	\$375.00	
Last Name Bornstein	First Name Shari		MI	Method of o Cash Money	contribution: X Personal Ch v Order Credit/Debit	0043	tion ID #	Amount of Contribution	
Residential Street Address 80 Beal Dr		City Southington		State CT	Zip Code 06489	Date Receive 03/31/200	-		
Principal Occupation Attorney		Name of Employer Meccariello & Bornstein			Is this contribution associat fundraising event listed in S If yes, list Event #	Section J1?	Yes XNo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		utor a lobbyist child of a lob res	byist?	Aggregate Contril	outions 375.00	\$375.00	
						Total of	Section B	\$97,025.00	
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Sectio	ons A & B)	(Total on Line 14 d	of Summary Page,)	\$97,025.00	

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I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	DUE DATE		
Friends Of Susan 2010, Inc.							Original	04/13/2009		
C1. Contributions from Other Committees										
Name of Committee Teamster Local 443 Political Committee					Name of Treasurer Robert Bayusik	(
Address 200 Wallace St			Is this contribution a fundraising event			Yes If yes, list Even X No	t #	Amount of Contribution		
City New Haven	State CT	Zip (065			eceived	Aggregate Contributions	\$375.00	\$375.00		
Name of Committee Teamster Local Union 1150		•			Name of Treasurer Rocco J. Calo					
Address 150 Garfield Ave			Is this contribution a fundraising event			Yes If yes, list Even	t #	Amount of Contribution		
City Stratford	State CT	Zip (066			eceived ./2009	Aggregate Contributions	\$375.00	\$375.00		
						Total of S	Section C1	\$750.00		

I. MONETA	ARY RECI	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				FILING	G DUE DATE						
Friends Of Susan 2010, Inc. Origin											
C2. Reimbursemen											
Name of Committee			Name of Treasurer								
Address			Date Received		Amount of Receipt						
City	State	Zip Code	Reimbursement for shared expense								
			Payment for goods and services								
Total of Section C2											

	I. MONETARY RECEIPTS (Sectio	n A-K))		_	
NAME OF COMMITTEE					FILING	DUE DATE
Friends Of Susan 2010, Inc.					Origina	1 04/13/2009
	D. Loans Received this Period					
Name of Lender				bource of Louin.	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code		this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
Total of Section D						

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	I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE				FILING DUE DATE								
Friends Of Susan 2010, Inc	2.			Original 04/13/2009								
E. Personal Funds of the Candidate Received this Period												
Date Received 02/03/2009	Amount \$50.00	Method of Payment Cash	X Personal Check	Credit/Debit Card								
Date Received 02/09/2009	Amount \$325.00	Method of Payment	X Personal Check	Credit/Debit Card								
			Total	of Section E \$375.00								

	I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	NAME OF COMMITTEE										
Friends Of Susan 2010	Original 04/13/2009										
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount						

I. Monetary Receipts (Section A-I)									
NAME OF COMMITTEE	FILI	NG DUE DATE							
Friends Of Susan 2010, Inc.		Origi	nal 04/13/2009						
G. Interest from Deposits in Authorized Accounts									
Name of Institution		Date Received		Total Amount Received					
Street Address	City		State Zip Code						
Total of Section G									

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE			FILING DUE DATE								
Friends Of Susan 2010, Inc.	Original 04/13/2009										
H. Public Grant Funds Received from the Citizen's Election Fund											
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount								
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election										
		Total of Section	н								

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE				FILI	NG DUE DATE					
Friends Of Susan 2010, Inc. Orig										
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name			saction		Amount Received					
Street Address	City	State Zip Code								
Description										
Total of Section I										

	II. FUNDRAISING	G EVENT ACTIVITY				_				
NAME OF						FILING I	DUE	DATE		
Friends Of Susan 2	Original 04/13/2009									
J1. Fundraising Event Information										
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code		
Was this fundraising event he	osted at a personal residence?	-	Yes		No		-			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al 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					FILI	NG DUE DATE			
Friends Of Susan 2010, Inc.					Oriç	jinal 04/13/2009			
	J2. Proceeds from Tag Sale, A	Auction, or Other	Sale of Dona	ted Items					
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MIM	lethod of payment: Cash	Aggregate Amount of Purchases					
Residential Street Address	Citv	State	Zip Code	Date Received	Event #				
Items Purchased	I	I	ļ		1	_			
					Total of Section J	2			

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FILING	G DUE DATE	
Friends Of Susan 2010, Inc.							Origin	al 04/13/2009	
J3. In-Ki	nd Donations Not Considered Contribut	ions							
Name of the Donor					Donation G Indivi		ess Entity	Fair Market Value of Donation	
Street Address	City				Aggregate valu for this even				
Description of Donation		Date	Receive	:d	Event #				
						Total of Se	ction J3		

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE							FILING	DUE DATE			
Friends Of Susan 2010, Inc. Original 0.											
K. In-Kind Contributions											
Name						Date Receive	ed	Fair Market Value of this Contribution			
Street Address		City	ÿ	State	Zip Code						
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ye No	es contractor?	inch or branches of			icate which branch or branches of			Yes No .egislative	
Is this contribution associated with a fund listed in Section J1? If yes, list Event#	raising event Yes No	5	Description of In-Kind Contribution			Aggregate contr	ibutions				
	Total of Section K										

III. Non Monetary Receipts										
NAME OF COMMITTEE	FILING DUE DATE									
Friends Of Susan 2010, Inc.	Original 04/13/2009									
L. Refund										
Last Name (Individuals Only)	First Name			MI	MI Date		Amount of Deposit			
Street Address	City		State	Zip Code						
Name of Telephone company										
Street Address	City				State Zip Cod					
						Total of Section	L			

III. NONMONETARY RECEIPTS														
NAME OF COMMITTEE	F	LING DUE DATE												
Friends Of Susan 2010, Inc.						0	Original 04/13/2009							
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				d	Fair Market Value of Donation							
City	State	Zip Code		Aggreg	gregate Donations									
Description of Donation	Purpose of Expenditure A B C D E													
				To	tal of Secti	Total of Section M								

IV. EXPENDITURES								
NAME OF COMMITTEE						FILE	NG DUE DATE	
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009	
	N. Expenses Paid By Commi	ttee						
Name of Payee Kuzmak-Williams & Associates, LLC				Date of Payment 02/09/2009	Method of Pay	ment	Amount	
Street Address 2264 Silas Deane Hwy	City Rocky Hill	State CT	Zip Code 06067	Purpose of Expenditure OVHD	92 Debit Car	ď		
Description Rent			•		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	Yes							
Name of Payee United States Postal Service				Date of Payment 02/09/2009	Method of Pay	ment	Amount	
Street Address 32 Church St	City Rocky Hill	State CT	Zip Code 06067	Purpose of Expenditure	91 Debit Car	ď		
Description Rental of PO Box	,		4	1	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	1		\$60.00	
X No Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Harland Clarke	i		1	02/11/2009	X Check #			
Street Address 10931 Laureate Dr	City San Antonio	State TX	Zip Code 78249	Purpose of Expenditure OFFICE	EFT Debit Car	ď		
Description Checks								
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$26.50	
X No							¥20.50	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009	
	N. Expenses Paid By Commi	ttee						
Name of Payee United States Postal Service						ment	Amount	
Street Address				Purpose of Expenditure	Check #	rd		
32 Church St Description	Rocky Hill	СТ	00007	P031	Event #			
which reimbursement is sought?	Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
Yes X No							\$42.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Office Depot	1		1	02/13/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought	1			
Yes X No							\$36.89	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Ellen M. Graham				02/15/2009	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>93</u>			
94 West St # 62	Vernon	СТ	06066	WAGE	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought				
x No							\$750.00	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009	
	N. Expenses Paid By Commi	ttee						
Name of Payee Secretary of State				Date of Payment 02/18/2009	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>94</u>			
30 Trinity St	Hartford	ст	06106	OVHD	Debit Car	rd		
Description Change of Address Fee		•			Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$25.00	
X No					1			
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Office Depot				02/18/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	lame		Office Sought			\$24.66	
No No								
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Office Depot		<u> </u>		02/23/2009	Check #			
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure OFFICE	X Debit Car	rd		
Description	Wethersheld	0.		0.1102	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought				
Yes X No							\$57.41	

IV. EXPENDITURES										
NAME OF COMMITTEE FILM										
Friends Of Susan 2010, Inc. Origin										
N. Expenses Paid By Committee										
Name of Payee Office Depot				Date of Payment 02/24/2009	Method of Payment		Amount			
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure OFFICE	X Debit Car	rd				
Description	Wethersheid	01	00105		Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought?										
Yes X No							\$31.78			
Name of Payee Date of Payment						ment	Amount			
Office Depot	i			02/26/2009	Check #					
Street Address	City	State	Zip Code	Purpose of Expenditure						
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	rd				
Description Event #										
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?										
Yes X No							\$65.01			
Name of Payee Date of Payment							Amount			
United States Postal Service 02/26/2009										
Street Address	City	State	Zip Code	Purpose of Expenditure						
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	rd				
Description					Event #					
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?										
X No							\$42.00			

IV. EXPENDITURES										
NAME OF COMMITTEE FILM										
Friends Of Susan 2010, Inc. Origin										
N. Expenses Paid By Committee										
Name of Payee Ellen M. Graham				Date of Payment 02/28/2009	Method of Pay	ment	Amount			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>95</u>					
94 West St # 62	Vernon	ст	06066	WAGE	Debit Car	rd				
Description			•	·	Event #					
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?										
X No							\$1,500.00			
Name of Payee Da					Method of Pay	ment	Amount			
Office Depot	1			03/04/2009	Check #					
Street Address	City	State	Zip Code	Purpose of Expenditure						
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	rd				
Description					Event #					
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?										
X No							\$46.62			
Name of Payee Date of Payment							Amount			
Susan Bysiewicz 03/05/2009										
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1002</u>					
125 Clover St	Middletown	СТ	06457	RCW	Debit Car	rd				
Description					Event #					
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?										
x _{No}							\$2,025.00			

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009	
	N. Expenses Paid By Commi	ttee				•		
Name of Payee Jim Cunningham & Associates, LLC				Date of Payment 03/05/2009	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1001</u>			
201 Grand Central Ave	Ripley	wv	25271	CNSLT	Debit Car	rd		
Description		-	•		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes								
X No					-		\$3,000.00	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
United States Postal Service	I			03/06/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought	•		¢42.00	
X No					1		\$42.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Office Depot			1	03/06/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	Jame		Office Sought			\$47.67	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009	
	N. Expenses Paid By Commi	ttee						
Name of Payee Anthem Health Plan				Date of Payment 03/06/2009	Method of Pays	ment	Amount	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473	Purpose of Expenditure WAGE	X Debit Car	rd		
Description		-			Event #			
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							\$353.56	
X No					1		\$333.30	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Kuzmak-Williams & Associates, LLC				03/09/2009	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5001</u>			
2264 Silas Deane Hwy	Rocky Hill	СТ	06067	OVHD	Debit Car	rd		
Description			•		Event #			
Rent								
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Jame		Office Sought				
X No							\$600.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Office Depot	Γ			03/10/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	Jame		Office Sought			\$20.65	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009	
	N. Expenses Paid By Commi	ttee						
Name of Payee United States Postal Service				Date of Payment 03/10/2009	Method of Pay	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car			
32 Church St	Rocky Hill	СТ	06067	POST		a		
Description					Event #			
Is this expenditure coordinated with another candidate f which reimbursement is sought? Yes								
X No							\$42.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
United States Postal Service	1		1	03/11/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought				
Yes X No							\$2.19	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
AT & T				03/12/2009	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	1004			
PO Box 8110	Aurora	IL	60507-8110	OVHD	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought				
x No							\$315.24	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009
	N. Expenses Paid By Commi	ttee					
Name of Payee AT & T Street Address	City	State	Zip Code	Date of Payment 03/12/2009 Purpose of Expenditure	Method of Pay X Check # <u>1004</u>	ment	Amount
PO Box 8110	Aurora	IL	60507-8110	EFV *	Debit Car	rd	
Description Setup Phone, Fax, Internet	Description						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	lame		Office Sought	1		\$516.29
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Office Depot				03/12/2009	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1295 Silas Deane Hwy	Wethersfield	СТ	06109	PRNT	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	lame		Office Sought			\$8.56
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Data Management, Inc.		<u> </u>		03/12/2009	X Check #		
Street Address PO Box 789	City	State CT	Zip Code 06034	Purpose of Expenditure OFFICE	Debit Car	rd	
Description	Farmington		00034		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	Jame		Office Sought			\$244.79

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009	
	N. Expenses Paid By Commi	ttee						
Name of Payee Ellen M. Graham				Date of Payment 03/16/2009	Method of Pay	ment	Amount	
Street Address 94 West St # 62	City Vernon	State CT	Zip Code 06066	Purpose of Expenditure WAGE	<u>1003</u> Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							\$1,500.00	
X No				1	1		\$1,500.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Secretary of State				03/17/2009	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	1006			
30 Trinity St	Hartford	СТ	06106	TRVL	Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought				
X No							\$131.45	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
United States Postal Service		r		03/18/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure		1		
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	rd		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought				
X No							\$42.00	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Office Depot				Date of Payment 03/19/2009	Method of Pays	ment	Amount
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109	Purpose of Expenditure OFFICE	X Debit Car	ď	
Description					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
X No				T	1		\$36.02
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Office Depot				03/20/2009	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1		
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	ď	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No				-	-		\$31.79
Name of Payee				Date of Payment	Method of Pays	ment	Amount
The Hartford				03/23/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1007</u>		
PO Box 2907	Hartford	СТ	06104-2907	OVHD	Debit Car	ď	
Description Workers Comp / Business Owners					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes X No	r Other Candidate(s) N	lame		Office Sought			\$949.00

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009	
	N. Expenses Paid By Commi	ttee						
Name of Payee United States Postal Service				Date of Payment 03/24/2009	Method of Pay	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	rd.		
32 Church St	Rocky Hill	СТ	06067	POST		u		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes								
X No							\$42.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Office Depot	i	-		03/24/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
1295 Silas Deane Hwy	Wethersfield	СТ	06109	OFFICE	X Debit Car	ď		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	I			
Yes X No							\$33.36	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
United States Postal Service				03/31/2009	Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	L			
32 Church St	Rocky Hill	СТ	06067	POST	X Debit Car	ď		
Description					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			<i>*</i> 1 74	
x _{No}							\$1.34	

NAME OF COMMITTEE						FILI	NG DUE DATE
Friends Of Susan 2010, Inc.						Origi	nal 04/13/2009
	N. Expenses Paid By Commi	ttee					
Name of Payee Ellen M. Graham				Date of Payment 03/31/2009	Method of Pays	ment	Amount
Street Address 94 West St # 62	City Vernon	State CT	Zip Code 06066	Purpose of Expenditure WAGE	<u>1008</u> Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
X No							\$1,500.00
					Total of Sec	ction N	\$14,792.78

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Friends Of Susan 201	0, Inc.						Origina	1 04/13/2009
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee NGP Software				Date of Payme 02/03/200		Is Reimbur Claimed?		Amount
Street Address 1225 Interstate Street N	W	City Washington	State DC	Zip Code 20005		X Ye		
Purpose of Expenditure OVHD	Description			•	Event #	ŧ		\$2,025.00
	-					Total of	Section O	\$2,025.00

	IV. EXPENDITURES										
NAME OF COMMITTEE						FILING DUE DATE					
Friends Of Susan 2010, In	IC.					Original 04/13/2009					
P. Expenses Incurred on Committee Credit Card											
Name of Issuing Institution Type of Credit Card:											
Visa Master Card					Discover	American					
			Other		-						
Name of Vendor					Date of Transaction	Amount					
Street Address		City	State	Zip Code							
Purpose of Expenditure	Description		Į		Event #						
	3				Total of Section	P					

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IV. EXPENDITURES										
NAME OF COMMITTEE				FILING DU	E DATE					
Friends Of Susan 2010, Inc.				Original 04	/13/2009					
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or					
Street Address	City		State	Zip Code	Actual)					
Purpose of Expenditure					*					
Is this expenditure coordinated with another candidate for Other Candid which reimbursement is sought? Yes No	date(s) Name	Office Sought								
			Total of	Section Q						

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Friends Of Susan 2010. Inc.					Origin	nal 04/13/2009		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of Pa	iyment	Method of Paym Check #	nent	Amount		
Secondary Payee		Purpose o	f Expenditure	Debit Caro	1			
Street Address	City		State	Zip Code				
Description	•			Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought	-				
Yes No								
				Total of Se	ection R			

IV. EXPENDITURES					
NAME OF COMMITTEE				FILING DUE DATE	
Friends Of Susan 2010, Inc.				Original 04/13/2009	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient				Original Purchase Amount of Item	
Street Address	City	State	Zip Code		
Description					
Total of Section S					